

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-85	
NAME E O.S. FIELD OFFICE			
TRANSPORTER OIL GAS			
OPERATOR			
FORMATION OFFICE			
ADDRESS GRAHAM ROYALTY, LTD. 1675 Larimer, Suite 400 Denver, Colorado 80202			
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Ojito-Gallup/Dakota Pool Abolished West Lindrith-Gallup/Dakota Extended Effective 12/1/87	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>		Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name Florance		Well No. 8A	Pool Name, Including Formation West Lindrith-Gallup/Dakota
		Kind of Lease State, Federal or Free	Lease No. 080565
Location Unit Letter <u>E</u> ; <u>2036</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Bio Arriba</u> County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P.O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas P.O. Box 1492, El Paso, TX 79978	
Well produces oil or liquids, give location of tanks.	Unit E	Sec. 5	Twp. 25N
		Rge. 3W	Is gas actually connected? Yes
When this production is commingled with that from any other lease or pool, give commingling order number			
COMPLETION DATA			
Designate Type of Completion - (X) Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>			
Date Spudded	Date Compl. Ready to Prod.		Total Depth
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	Tubing Depth
Elevations		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
AS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Cementing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____ 1988 BY <u>Frank J. [Signature]</u> TITLE <u>SUPERVISOR DISTRICT 24</u>	
T. E. Robbins (Signature) Reg. Affairs Super. (Title) 1/8/88 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all new and recompleted wells. Fill out only Sections I, II, III, and IV for the gas part of new well name or number, or transporter, other such change of data.	