

Submittal 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Graham Royalty, Ltd.		
Address One Barclay Plaza, Suite #400, 1675 Larimer St. Denver, Colorado 80202		
Reason(s) for Filing (Check proper box):		
☐ New Well	☐ Change in Transporter of	☐ Other (Please explain)
☐ Recompletion	Oil ☒ Dry Gas ☐	Effective Date of Change
☐ Change in Operator	Condensate Gas ☐ Condensate ☐	June 1, 1990
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease Fed. State, Federal or Fee	Lease No.
Florance	8A	West Lindrith-Gallup/Dakota		080565
Location				
Unit Letter	E	2036	Feet From The North Line and	1000
Section	5	Township	25N	Range
			3W	NMPLM
			Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Garv Williams Energy Corp.	370 17th. #5300, Denver, Colorado 80202	
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐	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	
If well produces oil or liquids, location of tanks	Unit	Sec.
	E	5
		25N
		3W
Is gas actually connected? When?		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Drill Res.
Deep Spudded	Deep Complet. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or depth interval)			
Date First Time Oil Runs To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Water Shut-In
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Shut-In Condensate - MCF	Gravity of Condensate
Casing Method (pump, back, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

Signature C. C. Robbins C. C. Robbins
Regulatory Affairs Supervisor
Printed Name
Date July 17, 1990 Telephone No. 303-629-1736

OIL CONSERVATION DIVISION

AUG 07 1990

Date Approved

By

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.