

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Graham Royalty, Ltd.

Address One Barclay Plaza, Suite 400, 1675 Larimer St.  
Denver, Colorado 80202

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Effective Date of Change of Operator July 1, 1987</u>
<input type="checkbox"/> Reacquisition	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner Petro-Lewis Corporation, P.O. Box 90500, Houston, Texas 77290

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Florance X</u>	Well No. <u>9A</u>	Pool Name, including Formation <u>Ojito Gallup Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>080004</u>
Location Unit Letter <u>N</u> : <u>S/C</u> <u>1850</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>25N</u> Range <u>3W</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492 El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Graham Royalty, Ltd.

By: A. J. Reves (Signature)

Division Manager (Title)

July 6, 1987 (Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR DISTRICT # \_\_\_\_\_

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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	GAS	
OPERATOR		
PERMITS OFFICE		

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Operator Graham Royalty, Ltd.	
Address One Barclay Plaza, Suite 400, 1675 Larimer St. Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate Effective Date of Change of Operator <u>July 1, 1987</u>

## II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Florance <del>X</del>	9A	Blanco Mesaverde	State, Federal or Free Federal
Location		Lease No.	
Unit Letter <u>N</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West East</u>		080004	
Line of Section <u>5</u>		Township <u>25N</u>	Range <u>3W</u> , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
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		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
				Is gas actually connected?
				When

NOTE: Complete Parts IV and V on reverse side if necessary.

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

By: A. J. Reves A. J. Reves  
(Signature)  
Division Manager  
(Title)  
July 6, 1987  
(Date)

APPROVED \_\_\_\_\_ JUL 20 1987  
BY Frank J. [Signature]  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT 24

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.