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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

Operator Graham Royalty, Ltd.		Well API No.
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 ☐ Casinghead Gas ☐ Condensate ☐ June 1, 1990		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 9A	Pool Name, including Formation West Lindrith-Gallup/Dakota	Kind of Lease Fed. State, Federal or Fee	Lease No. 080004
Location Unit Letter <u>N</u> : <u>810</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>25N</u> Range <u>3W</u> , <u>NMPM</u> Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Garv. Williams Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 370 17th. #5300, Denver, Colorado 80202	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, location of tanks Unit <u>N</u> Sec. <u>5</u> Twp. <u>25N</u> Rgn. <u>3W</u>	Is gas actually connected? ☐	When? ☐
If production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Run ☐ Drift Run ☐	Date Spudded	Date Compl. 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

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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 well)			
Date First Time Oil Run To Test	Date of Test	Produced Formation	Casing Pressure
Length of Test	Tubing Pressure	Water - Bls.	Gravity of Condensate
Actual Prod. During Test	Oil - Bls.	Water - Bls.	Gravity of Condensate
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bls. Condensate/MCF	Gravity of Condensate
Testing Method (per test per.)	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 July 17, 1990 Title 303-629-1736
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 07 1990
By Charles Sholton
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.

RECEIVED
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U.S. AIR FORCE
HONOLULU, HAWAII

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