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DISTRIBUTION	ЭИ		
SANTA FE		7	
FILE		1	~
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
182837 08128	GAS	1	
OPERATOR			
PRORATION OFFICE		1	

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-65			
1.	OPERATOR     PRORATION OF EICE			OFCEIVED			
•	Operator		/	1076			
	Great Lakes Chemical Address c/o Minerals Mana	<del>-</del>		MAY 2 1976			
	•	te 105, Farmington, New M	Mexico 87401	OIL CON. COM.			
	Reason(s) for tiling (Check proper box,		Other (Please explain)	DIST 3			
	New Well X	Change in Transporter of: Oil Dry Gas	5				
	Change in Ownership	Casinghead Gas Conden	=				
İ							
	If change of ownership give name and address of previous owner						
	DECOMPTON OF WELL AND	T TO A CTC					
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Graham	1-A Blanco-Mesaver	rde State, Federa	1 cr Fee SF-078481			
	Location						
	Unit Letter P; 790	Feet From The <u>East</u> Line	a and 880! Feet From	The South			
		wnship 27N Range A	NMPM, San Ju	County			
	Line of Section 4 Tov	wnship 27N Hange A	RW , NMPM, San Ju	lan			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	de la companya de la			
	Noire of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ned copy of this form is to be sent;			
	Name of Authorized Transporter of Cas	singhead Gas cr Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)			
			•	•			
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	P. O. Box 990, Farmin	en industrial industrial			
	give location of tanks.		No	Est. June 15, 1976			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Designate Type of Completic	on = (X)	1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	4-9-76	5-20-76 Name of Producing Formation	4650'	4605 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay				
	5985 RT	Blanco-Mesaverde  - 4438'-48'; 4450'-50';	44571 631. 44731 901.	1 1/2"-4493' Depth Casing Shoe			
		4556'-60'; 4594'-96'; 46		foot			
	4518 -28 ; 4546 -50 ;	TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12_1/4"	8 5/8"	229'	190 sx Class "B"			
	7 7/8"	5 1/2"	4650'	885 sx (2 stage)			
		1 1/2"	4493' Packer at 4391'				
.,	THE PART AND PROJECT E	OR ALLOWARIE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
٧.	OIL WELL	CST 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 li	jr, etc.)			
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	Idding Pleasure					
	Actual Pred. During Teat	Oil-Bbls.	Water - Bbls.	Gas-MCF			
				<u> </u>			
	I			•			
	GAS WELL	(m	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Langth of Test					
	2281 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Choke Nipple	189 psig		3/4"			
VI.	CERTIFICATE OF COMPLIAN	CONTRACTOR CONTRACTOR CONTRACTOR					
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	. 19			
			APPROVED, 19				
	above is true and complete to the best of my knowledge and belief.		ВҮ				
			TITLE				
		()					

Area Manager, Minerals Management Inc (Title)

May 26, 1976

(Dute)

This form is to be filed in compliance with Rolls from.

If this is a request for sllowable 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 actions 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.