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	SANTALE DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION					Form C+104 Supersedes G	  ld C=104 and C=11	
	REQUEST FOR ALLOWABLE  Supersedes Gld C-104 and  Etle  AND  Supersedes Gld C-104 and  Etlective 1-7-65							
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE							
	TRANSPORTER GAS /							
	OPERATOR /	-				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	KEN	
1.	PRORATION OFFICE							
•	Operator							
	Great Lakes Chemical Corporation  Address c/o Minerals Management Inc.							
	Great Lakes Chemical Corporation  Address c/o Minerals Management Inc.  501 Airport Dr., Suite 105, Farmington, New Mexico 87401  Recson(s) for filing (Check proper box)  New Well X Change in Transporter of:							
	New Well Change in Transporter of:  Recompletion Oil Dry Gas							
	Change in Ownershif Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
	DESCRIPTION OF WELL AND LEASE							
			Pool Name, Including F	otwation	State, Federal	ral or Fee		
	Graham	1-A	Blanco-Mesave	rde	Sidie, Federal		_\SF=078481	
	Location							
	Unit Letter P ; 790' Feet From The East Line and 880' Feet From The South							
	Line of Section 4 Township 27N Range 8W , NMPM, San Juan County							
	DESIGNATION OF TRANSPOR		AND NATURAL GA	Address (Give address	to which approv	ed copy of this form is	to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)							
	El Paso Natural Gas Company P. O. Box 990, Farmington, New Mexico 87401							
	If well produces oil or liquids, give location of tanks.  Unit Sec. Twp. Page. Is gas actually connected? when the second section of tanks.							
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completi		X		1	! ! !	, , 	
	Date Spudded	Date Compl. Re	eady to Prod.	Total Depth		P.B.T.D.		
	4-9-76	5-20-7	'6	4650'		4605'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Formation	Top Oil/Gas Pay		Tubing Depth		
	5985 RT	Blanco-Me	saverde	<u> </u>		1 1/2"-4493' Depth Casing Shoe		
	Perforations Point Lookout		445761; 447180;					
	4518'-28'; 4546'-50'	;4556 <b>'-</b> 60 <b>'</b> ;	4594'-96': 46	500'-04', with	l shot pe	foot		
			& TUBING SIZE	DEPTH S		SACKS CE	MENT	
	HOLE SIZE	. <del></del>		<del> </del>		190 sx Cla	ass "B"	
	12 1/4" 7 7/8"		5/8" 1/2"	229 <u>4650 </u>		885 sx (2		
	1 1/0		1/2"	44931				
		1		Packer at 43	91'	i		
٧.	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)  OIL WELL							
	Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas li				
	Length of Test	Tubing Pressur	•	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.		Water - Bble.		Gas • MCF		
	GAS WELL					Gravity of Condensa	10	
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMC	Jr'	Gravity of Condensa		
	2281	3 hou	<u>ırş</u>	Coming Pressure (Shu	t-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressur		Cosing Pressure ( pru	/	3/4"		
	Choke Nipple	189 p	sig	1	CONCEDIA		ON	
	CERTIFICATE OF COMPLIANCE			OIL	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	1	100	. <sub>1</sub> 19	
				1 54	BY MI TOMAMIC			
				TITLE STEENVISOR DIST. #3				
				TITLE				

This form is to be filed in compliance with RULE 1104.

Area Manager, Minerals Management Inc.

May 26, 1976

(Title)

(Date)

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 MULE 111.

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

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.