1	HO. OF COPIES HECE	IVED	Ŝ				
	DISTRIBUTION						
	SANTA FE						
	FILE				$\vdash$		
1.	U.S.G.S.						
	LAND OFFICE						
	IRANSPORTER	OIL			١		
		GAS	ĺ				
	OPERATOR		2				
	PRORATION OFFICE						
	Operator						
	Great Lakes Chemica						
	Address %Minerals Mana						
	501 Airport Drive,						
	Reason(s) for filing (Check proper box)						
	New Well						
	Recompletion						
	Change in Ownership						

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104		
	FILE FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	ALITHODIZATION TO TOA	AND INSPORT OIL AND NATURAL G			
	LAND OFFICE	AUTHORIZATION TO TRA	MASTOR I OIL AND NATUKAL G	A3		
	TRANSPORTER OIL GAS /					
1.	OPERATOR 2 PRORATION OFFICE					
	Operator Great Lakes Chemic	al Corporation				
	Great Lakes Chemical Corporation					
Address %Minerals Management Inc., Suite 105,  501 Airport Drive, Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New We!l X Change in Transporter of:					
	Recompletion	Oil Dry Ga	s			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Federal   Lease   Lea					
	Graham 3 Undesignated Chacra State, Federal or Fee SF-0784					
	Unit Letter ; 1450   Feet From The South Line and 1830   Feet From The East					
	Line of Section 3 . Tow	mship 27N Range	8W , <sub>NMPM</sub> , San J	Tuan County		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas El Paso Natural Gas	s Company	Address (Give address to which approved Box 990, Farmington	, New Mexico 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n		
	If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Other Same Resty. Diegen Plug Back					
	Designate Type of Completio		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-14-77	6-7-77	4657'	4586'		
	Elevations (DF, RKB, RT, GR, etc.) 5888'GR, 5900'KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3120'	Tubing Depth  3130'		
	Perforations 3120-3128	3120-3128		Depth Casing Shoe 4650		
		<del></del>	DEPTH SET	SACKS CEMENT		
	HOLE SIZE 12 1/4	CASING & TUBING SIZE	237	200		
	7 7/8	5 1/2	4657	. 885 (2 stage)		
		1 1/4	3130			
			for a second selection of load oil o	and must be equal to or exceed top allows		
V.	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 al able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life			
	Length of Test	Tubing Pressure	Casing Pressure	Chake Stre		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Oli		
,	GAS WELL			1 6/2 15 /		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	750	3 hrs.		Chala Siza		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	1018	1018	<del></del>		
	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.		JUL	TION COMMISSION		
			ORIGINAL SIGNED BY N. E. WAXWELL, JR.			
			TITLE PETROLENA VASCINARY DETA VIV.			
	1 // .	1 17.		compliance with RULE 1104.		
	He fansky		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 allow-			
	Area Manager Y (Signa	twe)				
	Minerals Managemen					
	(Title)		able on new and recompleted wells.			
	June 24, 1977	101	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.