

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. OF EXPLORATION		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATION		
PROMOTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Grace Petroleum Corporation	
Address P. O. Drawer 2358, Midland, Texas 79702-2358	
Section(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective 7-1-84	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Felmont Federal	Well No. 2	Pool Name, Including Formation S. Salt Lake Morrow	Kind of Lease State, Federal or Fee Fee*	Lease No. --
Location L (BH) Unit Letter P (Surface) 660 Feet From The South Line and 760 Feet From The East Line of Section 25 Township 20-S Range 32-E, NMPM, Lea County				

*Bottom hole location is under Federal Lse NM-15907

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

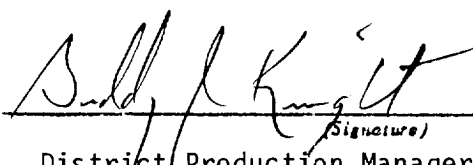
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Western Crude Oil, Inc.	P. O. Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P. O. Box 26400, Albuquerque, New Mexico 87125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit P Sec. 25 Twp. 20-S Rge. 32-E	Yes 2-22-80

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.


Buddy J. Knight
(Signature)
District Production Manager
(Title)
August 7, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 9 1984, 19
BY ORIGINAL SIGNED BY JERRY CRYSTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 110A.

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.

RECEIVED

AUG - 8 1984

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HOMES OFFICE