

DISTRIBUTION		
STATE		
FEDERAL		
G.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-83

Operator  
**GRAHAM ROYALTY, LTD.**

Address  
1675 Larimer St., #400, Denver, Colorado 80202

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/>	Change transporter eff. 10/1/84 Change operator eff. 8/1/84
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Kenai Oil Gas 1675 Larimer, 500, Denver, CO 80202

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Terry</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Nadine (Drinkard) ABO</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>-</b>
Location Unit Letter <b>M</b> , <b>660</b> Feet From The <b>S</b> Line and <b>660</b> Feet From The <b>W</b> Line of Section <b>23</b> Township <b>19S</b> Range <b>38E</b> , NMPM, Lea County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> <b>EOT Energy Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3339, Abilene, TX 79604</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> <b>UPG, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Effective 1-1-83</b>
If well produces oil or liquids, give location of tanks.	Unit <b>M</b> Sec. <b>23</b> Twp. <b>19S</b> Rge. <b>18E</b> Is gas actually connected? <input type="checkbox"/> When

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
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

**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 depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

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.

*T. T. Robbini*  
(Signature)  
Prod. Acctg. Super.  
(Title)  
10/2/84  
(Date)

**OIL CONSERVATION COMMISSION**

**OCT 11 1984**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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

RECEIVED

OCT 10 1984

G.C.C.  
MOBES OFFICE

RECEIVED

OCT - 4 1984

G.C.C.  
MOBES OFFICE