

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
OPERATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Graham Royalty, Ltd.	
Address	One Barclay Plaza, Suite 400, 1675 Larimer St. Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinhead Gas	<input type="checkbox"/> Condensate
	Effective Date of Change of Operator	July 1, 1987

If change of ownership give name and address of previous owner Petro-Lewis Corporation, P.O. Box 90500, Houston, Texas 77290

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
L.G. Warlick	2	Drinkard	State, Federal or Fee Fee	
Location				
Unit Letter <u>B</u>	<u>990</u>	Foot From The <u>North</u>	Line and <u>2310</u>	Foot From The <u>East</u>
Line of Section <u>19</u>	Township <u>21S</u>	Range <u>37E</u>	N.M.P.M.	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TNM</u>	
Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Producing	P.O. Box 3109 Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>19</u> Twp. <u>21</u> Rge. <u>37</u>
	Is gas actually connected? <u>Yes</u> When <u>5-20-64</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DNC R-6463

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.

Graham Royalty, Ltd.

By: A. J. Reves
(Signature)
A. J. Reves
Division Manager
(Title)
July 6, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.