

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRICT	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMISSION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Effective Date of Change of Operator <u>July 1, 1987</u>

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 L.G. Warlick	Well No. 2	Pool Name, including Formation Penrose-Skelley Grayburg	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>B</u>	<u>990</u>	Feet From The <u>North</u> Line and <u>2310</u>	Feet From The <u>East</u>	
Line of Section <u>19</u>	Township <u>21S</u>	Range <u>37E</u>	N.M.P.M. <u>Lea</u>	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"/> <u>T N M</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3109 Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>19</u> Twp. <u>21</u> Rng. <u>37</u>	<u>Yes</u> <u>5-20-64</u>

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

Division Manager

(Title)

July 6, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.