NO. OF COPIES REC	LIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.5.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
THE REST OF THE R	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Grace Petrol	eum C	orp	ora
3 Park Centr	al -	Sui	.te
Reason(s) for filing	(Check s	roper	box)
New Well			
Recompletion			
Change in Ownership	ho		
If change of owners and address of prev	vious ov	vner .	
Grace Feder	al 1		

DISTRIBUTION	NEW MEXICO OIL C	NEW MEXICO OIL CONSERVATION COMMISSION Form C+104								
SANTA FE	· _	FOR ALLOWABLE	Supersedes Old C-104 and C-110							
FILE	AND Effective 1-1-65									
U.S.G.5.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	GAS							
LAND OFFICE										
TRANSPORTER GAS										
OPERATOR										
PRORATION OFFICE	<u> </u>									
Operator Constant	12.									
Grace Petroleum Corpora	ition									
	333, 1515 Arapahoe St.,									
Reason(s) for filing (Check proper box,	,	Other (Please explain)								
New Weil	Change in Transporter of: Oil Transporter changed from Inland									
Recompletion	Oil X Dry Ga	C1 -	Giant Refining Co.							
Change in Ownership	Casinghead Gas Conder	nsate []								
If change of ownership give name and address of previous owner										
DESCRIPTION OF WELL AND	LEASE									
Lease Name	Well No. Pool Name, Including F	į.	, 20000							
Grace Federal 1	1 Lybrook Gallı	UD State, Federa	or Fee Federal SF078362							
Location			,							
Unit Letter E ; 165	60 Feet From The North Lin	se and 840 Feet From	The t (Oest							
Line of Section 1 Tov	waship 23 North Range 7	West , NMPM, Rio Arr	riba County							
	TER OF OIL AND NATURAL GA	ıs								
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)							
Giant Refining Co.		P. O. Box 256, Farmingt Address (Give address to which appro-	on, NM 87401							
Name of Authorized Transporter of Cas		!								
Gas Company of New Mexi		P. O. Box 26400, Albuque Is gas actually connected?								
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. E 1 23N 7W	Yes	8/81							
	th that from any other lease or pool,	give commingling order number:								
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
Designate Type of Completic	on = (X)									
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							
Listens (of , MMB, M7, OM, etc.)	,									
Perforations			Depth Casing Shoe							
	TURING CASING AND	D CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
!										
TEST DATA AND REQUEST FOR ALLOWABLE (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)										
OII, WELL Date First New Oil Run To Tanks	able for this de	Producing Method (Flow, pump, gas li	ft, etc.)							
Date First New Oil Hun to I daks	Date of Test	, roadenid islemes in real, bank, are	,,,							
Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF							
		<u> </u>								
GAS WELL		I Phile Condenses AMCE	Gravity of Condensate							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	C. T.							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
resund warned (butor, such bir)	. and transma (Sime-In)									
	Or.	OIL CONSERVA	ATION COMMISSION							
CERTIFICATE OF COMPLIAN	UL									
Commission have been complied with and that the information given		APPROVED								
							TITLE SUPERVISOR DISTRICT #	TITLE SUPERVISOR DISTRICT # 3		
							H			

R. A. Higgins (Signature)	
R. A. Higgins (Signature)	
Manager of Production	
(Title)	
October 20, 1983	
(Date)	

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.