

STATE		
FEDERAL		
D.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 1
Effective 1-1-85

Operator Graham Royalty, Ltd.
Address 1675 Larimer St., Suite 400, Denver, CO 80202
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ 05/01/86 Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE
Lessee Name Jicarilla A 156 Well No. 3 Pool Name, including Formation Blanco Pictured Cliffs, South Kind of Lease Fed. Lease No. CA-156
Location 1450 South 1650 West
Unit Letter K 920 Feet From The North Line and 990 Feet From The East
Line of Section 1 Township 23N Range 2W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
NA
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. NA Unit Sec. Twp. Rge. Is gas actually connected? YES 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

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/MCF Gravity of Condensate
Testing Method (pilot, 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. G. Robbins
(Signature)
Prod. Acctg. Super.
(Title)
May 20, 1986
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 23, 1986
BY Frank J. [Signature]
SUPERVISOR DISTRICT #
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 deviate 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.