HO. OF COPIES RECEIVED				
DISTRIBUTIO		L		
SANTA FE FILE U.S.G.S.				
		/		
		<u> </u>	L	
LAND OFFICE	AND OFFICE			
TRANSPORTER	OIL	\coprod		
	GAS			
OPERATOR		\prod		
PRORATION OFFICE				

	DISTRIBUTION SANTA FE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55			
	U.S.G.S.		AND ISPORT OIL AND NATURAL GA	S			
-	IRANSPORTER OIL						
+	OPERATOR GAS						
1.	PRORATION OFFICE						
-	Grace Petroleum Corporat	ace Petroleum Corporation					
	Reason(s) for filing (Check proper box)	Park Central, Suite 200, 1515 Arapahoe Street, Denver, Colorado 80202 Other (Please explain) Change in Transporter of:					
	Recompletion Change in Ownership	Cil Dry Gas Casinghead Gas Condens					
;	If change of ownership give name and address of previous owner	etroleum Consultants, Ir	oc., 200 Iomas, NW, Ste	527, Albuquerque, NM 8710:			
II.	. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	Lease Name Connie	1 Escrito Gallu	State, Federal	Federal \$F078924			
	Location T 19	80 Feet From The South Line	and 660 Feet From Th	ne East			
	Unit Letter:: Line of Section 21 Town		7W , NMPM, Rio Ar	riba County			
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed conv of this form is to be sent)			
118.	Name of Authorized Transporter of Cli	or Condensate	Ste 300 300 W. Arringt	on, Farmington, NM 87401			
	Merit Oil Corporation Name or Authorized Transporter of Casinghead Gas Corporation Out O		Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401				
	El Paso Natural Gas Com If well produces oil or liquids,	Unit , Sec wr	Is gas actually connected? Whe	n			
	give location of tanks.	I 21 24N 7W	Yes	6/60			
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	n – (X)		P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			D CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFINACI				
				and must be equal to or exceed top allow-			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas :	Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	DEC 10 1979			
	CAS WELL			Gravity of Condensate			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
V	VI. 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.			ATION COMMISSION			
			APPROVED DEC 1 0 1202 19				
			C BY DEPUTE CO.				
			This form is to be filed in	n compliance with RULE 1104.			
	Stat is.	mature)	well, this form must be accom-	well, this form must be accordance with RULE 111.			
	Southern District Open	ations Manager Ti:le)	All sections of this form must be filled out completely to				
	December 3, 1979		Fill out only Sections I.	Fill out only Sections I. II. 111, and vi to change of condition.			
		Date)	Separate Forms C-104 m completed wells.	Separate Forms C-104 must be filed for each poor in management			