	···		
NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			<u>.</u> .
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BROOK TION OFFICE		1	

H.

H.

NO. OF COPIES RECEIVED				
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION Form C-104		
SANTA FE	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-1		
U.S.G.S.	-	AND	Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS		
OIL	-			
TRANSPORTER GAS	1			
OPERATOR	1			
PRORATION OFFICE	1		·	
Operator				
Grace Petroleum Corpora	ation			
Address Three Dark Control Con	ito 200 1515 A	4		
Reason(s) for filing (Check proper box	ite 200, 1515 Arapahoe St			
New Well	Change in Transporter of:	Other (Please explain) Oil Transporter o	changed	
Recompletion	Oil X Dry Go	from: The Permian Corp. //200		
Change in Ownership	Casinghead Gas Conder	to: Inland Cor	poration	
If change of ownership give name and address of previous owner				
and state 15 of previous ewiter				
DESCRIPTION OF WELL AND				
Shawnee 33	Well No. Pool Name, Including F		Lease No.	
	l Escrito Gallu	.p sides rederat or	Fee Federal SF080107	
Location 0 485	5 South	1945	East	
Unit Letter;;	Feet From The Lin	ne and Feet From The		
Line of Section 33 Tov	wnship 24 North Range 7	West , NMPM, Rio Arriba	Course	
Line of Section 33 160	viisitip 2.1 No.1 cit. Hange /	, INSTANTITUDE	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	us		
Name of Authorized Transporter of Oil		Address (Give address to which approved o	copy of this form is to be sent)	
Inland Corporation		P. O. Box 1528, Farmington	n, NM 87401	
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approved of	copy of this form is to be sent)	
(Vented)				
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
give location of tanks.	0 33 24 N 7 W	No		
If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen Pl	ug Back 'Same Res'v. Diff. Res'v.	
Designate Type of Completion		l sespen	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.	B.T.D.	
•				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay To	obing Depth	
Perforations		De	opth Casing Shoe	
	T	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			د در	
TECT DATE AND DECUTET E	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil, and	au Metalle grazcesd top allow-	
OH, WELL	able for this de	pth or be for full 24 hours)	CH FILM	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, et	WITCH ALV	
			Nova	
Length of Test	Tubing Pressure	Cdaing Presame	23 13811	
		Water-Bbls. Go	L CON. COM.	
Actual Prod. During Test	Oil-Bbla.	Water 2 Bate.	DIST. 3	
	<u> </u>	<u> </u>		
CAS WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF Gr	ravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Preseure (Shat-ia)	Casing Pressure (Shut-in) Ci	hoke Size	
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVATION COMMISSION		
hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied whove is true and complete to the	vith and that the information given :	Original Signed by CHARLES GHOLSON		
	-			
		11116		
Attingin		This form is to be filed in com		
		il well this form must be accompanied	e for a nawly drilled or despensed i by a tabulation of the deviation	
Manager of Production	iture)	tests taken on the well in accordan	ce with RULE 111.	
3		All sections of this form must b	e filled out completely for allow-	

(Ticle) November 5, 1981

(Date)

able 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.