

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DATE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and is	
E		AND		Effective 1-1-83	
O.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
D OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRODUCTION OFFICE					
Operator					

JAN 11 1988

GRAHAM ROYALTY, LTD.

1675 Larimer, Suite 400 Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Ojito-Gallup/Dakota Abolished
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	West Lindrith-Gallup/Dakota Extended
		Condensate	<input type="checkbox"/>	Effective 12/1/87

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Florance	9A	West Lindrith-Gallup/Dakota	State, Federal or Fee Federal	080004

Location

Unit Letter 'N' 810 Feet From The South Line and 1800 Feet From The West

Line of Section 5 Township 25N Range 3W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 1492, El Paso, TX 79978

Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	

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't.	Diff. Res

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE II. 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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate

Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

<p>CERTIFICATE OF COMPLIANCE</p> <p>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.</p> <p><u>L. J. Pettus</u> (Signature) Reg. Affairs Super. 1/8/88</p>	<p>OIL CONSERVATION COMMISSION</p> <p>APPROVED <u>JAN 11 1988</u></p> <p>BY <u>Franklin J. Gandy</u></p> <p>TITLE <u>SUPERVISOR DISTRICT #1</u></p> <p>This form is to be filed in compliance with RULE 1104.</p> <p>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.</p> <p>All sections of this form must be filled out completely for allowable, new, and recompleted wells.</p> <p>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.</p>
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