

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Graham Royalty, Ltd

Address
One Barclay Plaza 1675 Larimer Street, Suite 400; Denver, CO 80202

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner
Petro Lewis Corporation Box 16200 Lubbock, Texas 79490

DESCRIPTION OF WELL AND LEASE				
Lease Name New Mexico State	Well No. 2	Pool Name, Including Formation Nageezi-Gallup	Kind of Lease State, Federal or Fee State	Lease No. L-2986
Location				
Unit Letter M	950	Feet From The South	Line and 980	Feet From The West
Line of Section 32	Township 24N	Range 8W	NMPM,	San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Permian Corporation	P.O. Box 1183 Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Gas Co. of New Mexico	1800 1st International Bldg. Dallas, Tx 75270			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 24N	Rge. 8W
			Is gas actually connected? yes	When 5/20/81

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 Hestv. Diff. Hestv.
Date Spudded	Date Compl. Ready to Prod.
Elevations (OE, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Choke Size
		Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED MAY 25 1984
Sandra B. Jenkins (Signature)	BY
Engr. Assistant - Operation Department	TITLE SUPERVISOR DISTRICT 3
(Date) 6-1-84	This form is to be filed in compliance with RULE 1104.
(Date)	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.
	Separate Forms C-104 must be filed for each pool in multiply recompleted wells.