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DISTRIBUTIO			
SANTA FE		17	
FILE			
U.S.G.S. LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			
Operator			

December 4, 1979

(Date)

	NO. OF COPIES RECEIVED				/			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSI	ON	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-116 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	AND		5110d1110 1-1-03			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT UIL AND NAT	URAL GAS				
	TRANSPORTER OIL GAS							
	OPERATOR							
ı.	PROBATION OFFICE	<u> </u>						
	Operator							
	Grace Petroleum Corpora Address							
	1515 Arapahoe Street, Reason(s) for filing (Check proper box	3 Park Central, Suite 20	00, Denver, Colorado Other (Please exp	do 80202				
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Go	ıs 🔲					
	Change in Ownership	Casinghead Gas Conder						
	If change of ownership give name; and address of previous owner	Petroleum Consultants, In	c., 200 Lomas, NW	, Ste 527,	Albuquerque, NM 8710			
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				Lease No.			
	Love	2 Escrito Gallu	1	te, Federal or Fee				
	Location				Federal \$F078563			
	Unit Letter;]	.850 Feet From The South Lin	ne and 790 F	eet From The	West			
	Line of Section 23 To	ownship 24N Range 7	W , NMPM,	Rio Arriba	County			
III.		TER OF OIL AND NATURAL GA						
	Name of Authorized Transporter of Ca Merit Oil Corporation	1 🛣 or Condensate 🗀	Address (Give address to w		•			
	Name of Authorized Transporter of Ca	asinghead Gas√ or Dry Gas □	Address (Give address to w	rrington.	Farmington, NM 87401 y of this form is to be sent)			
	El Paso Natural Gas Com	parry grace Pet. Corp			New Mexico 87401			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 23 24N 7W	Is gas actually connected?	When 6/11				
IV.	If this production is commingled we COMPLETION DATA	ith that from any other lease or pool,	give commingling order nu	nber:				
	Designate Type of Completi	on - (X) Gas Well	New Well Workover	Deepen Plug I	Back Same Resty. Diff. Resty.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	r.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth			
	Perforations		<u> </u>	Depth	Casing Shoe			
			D. CENTALTING DECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT '			
	NOLE 312E	CASING & FORMS SIZE	DEFTH SET		SACKS CEMENT			
v	TEST DATA AND DECUEST F	OR ALLOWARIE (Tast must be a	fter recovery of total volume of	of load oil and mus	t he equal to or exceed top allows			
٠.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke	• Siz•			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-	MCF			
	<u> </u>							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate			
			Colon Doctor	Chale	• Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	<u></u>				
VI.	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION					
			APPROVED					
	^	~?	TITLE		- 3			
	1-		It.		ince with RULE 1104.			
	Sull 6	Fruk	If this is a request	for allowable for	or a newly drilled or deepened			
-	(Sign	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
٠.	Southern District Opera	tions Manager	All sections of this	form must be fi	illed out completely for allow-			
	(11	iie,	able on new and recom	pieted Wells.				

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.