| . NO. OF COMES WES | CI-ID | i | } |
|--------------------|-------|---|---|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| u.s.g.s. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | | |
| | | 1 | |

| DISTRIBUTION SANTA FE | / | | Form C-104 Supersedes Old C-104 and C-110 | |
|--|--|---|--|--|
| FILE | AND REQUEST FOR ALLOHABLE Bilective 1-1-55 | | Effective 1-1-55 | |
| U.S.G.S. | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| LAND OFFICE . | | | | |
| IRANSPORTER OIL | | / | | |
| GAS | | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| Operator Company Redworldown Company | tion | | · • | |
| Grace Petroleum Corpora | CTOIL | | | |
| 1 ' | 00, 1515 Arapahoe St., De | enver, CO 80202 | 1 | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | | |
| New Well | Change in Transporter of: | | | |
| Recompletion | Oil Dry Gas | Well name change | e. | |
| Change in Ownership | Casinghead Gas Condens | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| If change of ownership give name | | | | |
| and address of previous owner | | | | |
| I. DESCRIPTION OF WELL AND I | EASE | | | |
| Lease Name | Well No. Pool Name, Including Fo | • | Lease No. | |
| Love 23 | 2 Escrito Gal | lup State, Federal | or Fee Fee SF078563 | |
| Location | | | • | |
| Unit Letter L : 185 | O Feet From The South Line | and 790 Feet From T | he West | |
| | | | | |
| Line of Section 23 Town | nship 24N Range | 7W , NMPM, Rio A | rriba County | |
| | | | | |
| I. DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GAS | S Address (Give address to which approv | ed conv of this form is to be sent) | |
| Name of Authorized Transporter of Oil The Permian Corp. | or Condensate | Box 1183, Houston, T | | |
| 7 | inghead Gas Or Dry Gas | Address (Give address to which approv | | |
| Name of Authorized Transporter of Cas. | | | | |
| El Paso Natural Gas Co. | Unit Sec. Twp. P.ge. | P. O. Box 990, Farmin | | |
| If well produces oil or liquids, | i. i i i i | | | |
| give location of tanks. | | | | |
| If this production is commingled with | h that from any other lease or pool, a | give commingling order number: | | |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| Designate Type of Completion | n = (X) | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.3.T.D. | |
| Jail 5,244-5 | _ | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top O!l/Gas Pay | Tubing Depth | |
| | | | | |
| Perforations | | | Depth Casing Shoe | |
| | | | | |
| | TUBING, CASING, AND | CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | 1 | | |
| /. TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a) | fter recovery of total volume of load all the pth or be for full 24 hours) | and must be equal to or exceed top allow- | |
| OIL WELL | Date of Test | Producing Method (Flow, pump, gas lij | (t, etc.) | |
| Date First New Oil Run To Tanks | Date of Test | | 4 2 | |
| | Tubing Pressure | Casing Pressure | Croke Sta | |
| Length of Test | Tubility 1 100000 | | | |
| Actual Prod. During Test | Oll-Bbis. | Water-Bble. | FAMER ! | |
| Marian Company Com | | | The same of the sa | |
| l | | | JUL 1 6 1981 | |
| GAS WELL | 1 Acade | 11 | JUL COM | |
| Actual Prod. Test-MCF/D | Length of Test MAY 20 150 | Bbla Condensats/MACF | COMIN GONS LOW | |
| | <u> </u> | B. 1 | DIS1. 3 | |
| Testing Method (pitot, back pr.) | Tubing Pressure (FARE-In) 3 | Casing Pressure (Shut-in) | Ch3co Sizo | |
| | Dio. | / | | |
| I. CERTIFICATE OF COMPLIANCE | CE | OIL CONSERVA | TION COMUSSION . JOG , | |
| | | 11 | 19 | |
| I hereby certify that the rules and r | egulations of the Oil Conservation | APPROVED | | |
| Commission have been complied wabove is true and complete to the | NYN AND TORE ENGLISHOSSINGS KAPES | BY Original Signed by | FRANK T. CHAYEZ | |
| above is true and complete to the | | | SUPERVISOR DISTRICT # 3 | |
| | | TITLE | | |
| | | This form is to be filed in | compliance with RULE 1104. | |
| · Kin 8. Luche | | If this is a request for allowable for a newly drilled or deepaned well, this form must be accompanied by a tabulation of the deviation | | |
| (Signo | ature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. | | |
| Operations Engineer | | All nections of this form must be filled out completely for allow- | | |
| (Ti | tle) | able on new and recomplated W | D114. | |
| 5-22-81 | | Fill out only Sections I. | II. III, and VI for changes of owner, ren or other such change of condition | |
| (Da | ne) | Senarate Forma C-104 mus | at be filed for each pool in multiply | |
| | - | completed wells. | | |

| HO. OF COMES RECEIVED | | | |
|-----------------------|-------|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| u.s.g.s. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | G A S | | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |
| | | | |

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7.

| DISTRIBUTION | - | ł | ONSERVATION COMMISSION | Form C-104 |
|---|--------|--|---|---|
| SANTA FE | - | Ellantium 1 1 cc | | Supersedes Old C-104 and C-1; Effective 1-1-55 |
| u.s.g.s. | | AUTHORIZATION TO TRA | AND NSPORT OIL AND NATURAL GA | 15 |
| LAND OFFICE | Γ. | | | |
| TRANSPORTER OIL | - | | | |
| GAS OPERATOR | - | * · · · · · · · · · · · · · · · · · · · | | |
| PRORATION OFFICE | | | | · |
| Operator Craco Potroloum Cor | nov: | ation | | |
| Grace Petroleum Cor | Pore | acton | | |
| · · · · · · · · · · · · · · · · · · · | Sui | ite 200, 1515 Arapahoe St | reet, Denver, Colorado 8 | 30202 |
| Reason(s) for filing (Check proper | r box | : | Other (Please explain) | |
| New Well | | Change in Transporter of: Oil X Dry Gas | Oil Transporter from: The Permi | an Corp. MCC |
| Recompletion Change in Ownership | | Oll X Dry Gas Casinghead Gas Conden | To Inland Co | rporation |
| | | | | |
| If change of ownership give na- and address of previous owner. | | | | |
| DESCRIPTION OF WELL A | ain i | LEACE | | |
| DESCRIPTION OF WELL A | ND I | Well No. Pool Name, Including Fo | ormation Kind of Lease | Lease No. |
| Love 23 | | 2 Escrito Gallu | 1D Stote Federal | b. FeeFederal SF078563 |
| Location | 10 | 50 Couth | 700 | |
| Unit Letter;; | 10 | 50 Feet From The South Line | e and 790 Feet From T | west |
| Line of Section 23 | Tow | mahip 24 North Range 7 | West , NMPM, Rio Arri | Lba County |
| | | | _ | |
| DESIGNATION OF TRANSF | | CER OF OIL AND NATURAL GA | Address (Give address to which approve | ed copy of this form is to be sent) |
| Inland Corporation | | | P. O. Box 1528, Farming | |
| Name of Authorized Transporter o | f Cas | inghead Gas or Dry Gas | Address (Give address to which approve 3 Park Central, Ste 200, | d copy of this form is to be sent) |
| Grace Petroleum Corp | | | Denver, Colorado 80202 | |
| If well produces oil or liquids, give location of tanks. | | Unit Sec. Twp. P.ge. 1. L 23 24 N 7 W | 1 1 | '11/61 |
| | d wit | h that from any other lease or pool, | <u> </u> | |
| COMPLETION DATA | | | | Plug Back Same Res'v. Diff. Res'v |
| Designate Type of Comp | letio | on - (X) Oil Well Gas Well | New Well Workover Deepen | . I some has a series of |
| Date Spudded | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | | | |
| Elevations (DF, RKB, RT, GR, et | tc.j | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | | Depth Casing Shoe |
| | | | | |
| | | | CEMENTING RECORD | COST TO A |
| HOLE SIZE | | CASING & TUBING SIZE | DEPTH SET | KIRCHALDAL |
| | | | | Novoces |
| | | | | NUV28 1981 |
| | | | | OIL CON. COM. |
| TEST DATA AND REQUES OIL WELL | TF | OR ALLOWABLE (Test must be af able for this de | fier recovery of total volume of load oil a pth or be for full 24 hours) | n must BiST-al3 or expeed top allow |
| Date First New Oil Run To Tanks | 3 | Date of Test | Producing Method (Flow, pump, gas lift | , etc.) |
| | | | Cosing Pressure | Choke Size |
| Longth of Test | | Tubing Pressure | Coamy Freedom | |
| Actual Prod. During Test | | OII-Bbis. | Water - Bals. | Gas-MCF |
| | | | | |
| , | | | | • |
| Actual Prod. Test-MCF/D | | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Testing Method (pitot, back pr.) | | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | OH COMSERVA | TION COMMISSION |
| CERTIFICATE OF COMPL | IAN | CE | · · · · · · · · · · · · · · · · · · · | |
| I hereby certify that the rules | and r | egulations of the Oil Conservation | APPROVED | , 19 |
| Commission have been comp! | led w | with and that the information given best of my knowledge and belief. | BY Original Signed by | CHARLES GHOLSON |
| above is title with combiete to | , ,,,e | | DEDUTY ON P CAS | INSPECTOR, DIST. #3 |
| | | | | |
| Rothinging | | This form is to be filed in c | shie for a nawly drilled or deepens | |
| (Signature) | | well, this form must be accompate tests taken on the well in accor | aled by a tabulation of the cevialis | |
| Manager of Poducti | on | | All nections of this form mu- | at be filled out completely for allo- |
| Manager | (Tie | ile) | able on new and recompleted we | 114. |
| November 5, 1981 | | | Fill out only Sections I, II | , III, and VI for changes of owner |

(Date)

Fill out only Sections I, II, III, and VI for changes of ownewell name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multip.