

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Graham Royalty Ltd.	
Address 1675 Larimer St., Ste. 400, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name BHP PETROLEUM (AMERICAS) INC., 1560 Broadway, Ste. 1900, Denver, CO 80202 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 35	Well No. 3	Pool Name, including Formation S. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. Jic. Tr 35
Location Unit Letter: B : 990 Feet From The North Line and 1650 Feet From The East Line of Section 2 Township 24N Range 5W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

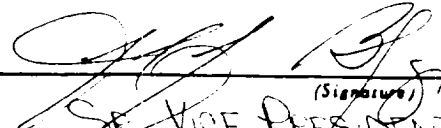
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

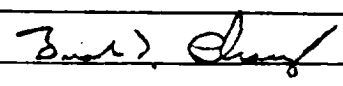
VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief:


(Signature)
SE VICE PRESIDENT
(Title)
12/28/88
(Date)

OIL CONSERVATION DIVISION

JAN 09 1989

APPROVED _____, 19____
BY 
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

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.

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 completed wells.

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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AND
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JAN 09 1989
OIL CON. DIV.
DIST. 3

I. Operator
Graham Royalty Ltd.

Address
1675 Larimer St., Ste. 400, Denver, CO 80202

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner BHP PETROLEUM (AMERICAS) INC., 1560 Broadway, Ste. 1900, Denver, CO 80202

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 35	Well No. 3	Pool Name, Including Formation Otero Chacra	Kind of Lease State, Federal or Fee Indian	Lease No. Jicarilla 35
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>24N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief:

[Signature]
SERVICE PRESIDENT
12/29/88
(Date)

OIL CONSERVATION DIVISION
JAN 09 1989

APPROVED [Signature] 19
BY [Signature]
SUPERVISION DISTRICT #3
TITLE _____

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