	-		٠.							
NO. OF COPIES RECEIVED			•						• • • • •	
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE						Form C-104 Supersedes Old C-104 and C-1			
SANTA FE										
FILE			-	AND			Elli	octive 1-1-55	•	
U.S.G.S.	AUT	HORIZATIO	ON TO TRA	ANSPORT	OIL AND	NATURAL (GAS			
LAND OFFICE							or to			
TRANSPORTER GAS	_									
OPERATOR										
PROBATION OFFICE								•		
Operator										
Grace Petroleum Corpo	ration						······································			
Three Park Central, S	uite 200,	1515 Ara	apahoe S	treet, I	Denver, C	Colorado	80202			
Reason(s) for filing (Check proper bo	ox)				Other (Please					
New Well	ew Well Change in Transporter of: Oil Transport						_	۸.		
Recompletion	011	X	Dry Go	ıs 🔲		The Perm		•	\subset	
Change in Ownership	Casing	head Gas 🔲	Conde	nsate 🔲	to:	Inland C	Corporation	on		
II. DESCRIPTION OF WELL AND	D LEASE Well N	o. Pool Name	e, Including F	ormation		Kind of Leas	•		Lease No.	
Lybrook 19	2	i .	s Fork G			Stote Federa	al gr Fee u	'ederal	SF078562	
Unit Letter;		North		6 West		_ Feet From , Rio Arr		n	County	
II. DESIGNATION OF TRANSPOR	የፕሮዩ በፑ በነ	II. AND NA	TURAL GA	\S			*			
Name of Authorized Transporter of C		Condensate		Andress (Give address	to which appro	ved copy of th	is form is to	be sent)	
Inland Corporation				P. O.	Box 152	8, Farmin	ngton, NM	87401		
Name of Authorized Transporter of C	asinghead Gas	or Dry	Gas []	Address (Give address	to which appro	ved copy of th	is form is to	be sent)	
Grace Petroleum Corpo	cation (ts 10.0	FN.M.	.Denve	k Centra r, co 8	1, Ste. 2 9 2 02	00, 1 515	Arapaho	e St.	
If well produces oil or liquids, give location of tanks.	Unit	ec. Twp. 19 24	P.ge. N 6 W	Is gas act	ually connect Ye		l/1/80			
If this production is commingled w	with that from	any other lea	ase or pool,	give comm	ingling order	number:			·	
Designate Type of Complet	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest	v. Diff. Hest	
Date Spudded	Date Compl	. Ready to Pro	od.	Total Dep	th		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	ation .	Top O!1/0	as Sah		Tubing Dep	itin		
Perforations				<u> </u>			Depth Cast	ng Shoe		
		TUBING. C	ASING. ANI	CEMENT	ING RECOR	.D	_l			
UO1 5 6175	CASI			T	DEPTH S		18	WE WELLT	ENT	
HOLE SIZE		CASING & TUBING SIZE						TON FIN		
				1			1/ IL	ULIYI	M	
				 			1		-1	
	 ļ						· · · · · · · · · · · · · · · · · · ·	79 9 100		

DIL DON! COM! (Test must be after recovery of total volume of load oil an able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE DIST 3 OIL WELL Producing Method (Flow, pump, gas lift; et Date First New Oil Run To Tanks Date of Test Choke Size Cosing Pressure Longth of Test Tubing Pressure Gas-MCF Water - Bble. Oil-Bhis. Actual Pred. During Test

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

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION NOV 23 1981

APPROVED Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3 TITLE.

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

If this is a request for allowable for a nawly drilled or despen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. H. 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 fitted for each pool in multi;

November 5, 1981

(Dete)

(Tile)