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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

B.R.

I. Operator  
Address Grace Petroleum Corporation  
1515 Arapahoe, 3 Park Central, Suite 200, Denver, CO 80202  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mesa A</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Escrito Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF078532</u>
Location Unit Letter <u>M</u> : <u>960</u> Feet From The <u>S</u> Line and <u>960</u> Feet From The <u>W</u> Line of Section <u>25</u> Township <u>24N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Merit Oil Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Suite 300, 300 W. Farmington Farmington NM 87401</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 990, Farmington, NM 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>25</u>	Twp. <u>24N</u>	Rge. <u>7W</u>
				Is gas actually connected? <u>No</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>3-24-80</u>	Date Compl. Ready to Prod. <u>7-11-80</u>		Total Depth <u>5748</u>		P.B.T.D. <u>5700</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GL 6911</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>5432</u>		Tubing Depth <u>5635</u>			
Perforations					Depth Casing Shoe <u>5748</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12.25</u>	<u>8.625 24#/ft</u>		<u>318.5</u>		<u>250sx 50:50:2</u>			
<u>7875</u>	<u>4.5 10.5#/ft.</u>		<u>5748</u>		<u>250 sx 50:50:2 + 4%</u>			
	<u>DV tool</u>		<u>2983</u>		<u>lodense, 2nd stg 700sx</u>			
					<u>35:65:6 16.5# gilsonite</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks <u>8-1-80</u>	Date of Test <u>8-3-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>gas lift plunger</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>300</u>	Casing Pressure <u>450</u>	Choke Size <u>CA12</u>
Actual Prod. During Test	Oil-Bbls. <u>5.04</u>	Water-Bbls. <u>trace</u>	Gas-MCF <u>10</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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

Kim D. Lucha  
(Signature)  
Operations Engineer  
(Title)  
10-3-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 27 1980, 19\_\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT

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.