

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1030 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Graham Royalty, Ltd. Well API No. \_\_\_\_\_

Address 1675 Larimer, #400, Denver, CO 80202

Reason(s) for Filing (Check proper box)  Other (Please explain) EFF. 12/1/90

New Well  Change in Transporter of:  Dry Gas

Recompletion  Oil   Condensate

Change in Operator  Casinghead Gas

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State of New Mexico 36 43</u>	Well No. <u>43</u>	Pool Name, including Formation <u>Lybrook-Gallup</u>	Kind of Lease State, Federal or Fee	State <u>36</u>	Lease No. <u>L-2986</u>
Location					
Unit Letter <u>I</u>	<u>1780</u>	Feet From The <u>South</u> Line and	<u>350</u>	Feet From The <u>East</u> Line	
Section <u>36</u>	Township <u>24N</u>	Range <u>8W</u>	<u>NMPL</u>	San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Giant Refining Co.</u>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>23733 N. Scottsdale Rd, Scottsdale, AZ 85255</u>				
Name of Authorized Transporter of Casinghead Gas <u>Bannon Energy Corp.</u>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>3934 FM 1960 West, #240, Houston, TX 77068</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>36</u>	Top. <u>24N</u>	Rgn. <u>8W</u>	Is gas actually connected? <u>Yes</u>	When? <u>Unknown</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res "	<input type="checkbox"/> Drift Res "
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Sibs-in)	Casing Pressure (Sibs-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

C. C. Robbins  
Signature C. C. Robbins Reg. Affairs Super.  
Printed Name  
Date 11/21/90 Title 303-629-1736  
Telephone No.

OIL CONSERVATION DIVISION

NOV 26 1990

Date Approved \_\_\_\_\_  
By Brian D. Chant  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of well logs in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or well identification.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

**RECEIVED**  
NOV 26 1990  
OIL CON  
DISTRICT #3