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Appropriate District Office
DISTRICT I
P.O. Box 1980, 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
1000 Rio Brazos Rd., Abec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Graham Royalty, Ltd.		Well API No.
Address 1675 Larimer, #400, Denver, CO 80202		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change is Transporter of: ☒ Oil ☐ Dry Gas ☐	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change is Operator ☐	eff. 12/1/90	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State of New Mexico 36	Well No. 13	Pool Name, including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee	State L-2986
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>24N</u> Range <u>8W</u> , NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) 23733 N. Scottsdale Rd., Scottsdale, AZ 85255	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Bannon Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 3934 FM 1960 West, #240, Houston, TX 77068	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>35</u> Twp. <u>24N</u> Rgn. <u>8W</u>	Is gas actually connected? <u>Yes</u> When? <u>3/1/82</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Comp. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RCB, 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 (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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 Title
11/21/90 303-629-1736
Date Telephone No.

OIL CONSERVATION DIVISION
NOV 26 1990

Date Approved
By Brian D. Shoup
SUPERVISOR DISTRICT #3
Title

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

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

RECEIVED
NOV 26 1990

OIL CON. DIV
DIST. 3