

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	GIL CA3
OPERATION	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Grace Petroleum Corporation
Address
P. O. Drawer 2358, Midland, Texas 79702-2358

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective 7-1-84
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "G" Federal Com.	Well No. 1	Pool Name, including Formation S. Salt Lake Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-15024
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>4650</u> Feet From The <u>South</u> Line of Section <u>6</u> Township <u>21-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1142, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O.Box 26400, Albuquerque, New Mexico 87125	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 6
	Twp. 21-S	Rge. 32-E
	Is gas actually connected? Yes	
	When 6-13-80	

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.


Buddy J. Knight
(Signature)
District Production Manager
(Title)
August 7, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG - 9 1984, 19_____
BY ORIGINAL SIGNED BY JERRY CEXTON
DISTRICT SUPERVISOR
TITLE _____

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.

RECEIVED

AUG - 8 1984

HOE 21 OFFICE