

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
57	TA FE	REGULATORY ALLOWABLE		Supersedes Old C-104 and C-105	
B.S.		AND		Effective 1-1-65	
D OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
I. Operator					
Grace Petroleum Corporation					
Address					
P. O. Drawer 2358, Midland, Texas 79702					
Reason(s) for filing (Check proper box)					
New Well		<input type="checkbox"/>		Other (Please explain)	
Recompletion		<input type="checkbox"/>		Change in Transporter of:	
Change in Ownership		<input type="checkbox"/>		Oil <input type="checkbox"/>	
				Casinghead Gas <input type="checkbox"/>	
If change of ownership give name and address of previous owner					

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name	Kind of Lease	Lease No.
New Mexico "AA" State	4	Jalmat (Seven Rivers)	State, Federal or Free State	B-934
Location				
Unit Letter	B	660 Feet From The	North	1855 Feet From The
Line of Section	22	Township	23-S	36-E
Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	(Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipeline Co.	<input checked="" type="checkbox"/>	P. O. Box 1510, Midland, Tx. 79702			
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	(Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	P. O. Box 1492, El Paso, Tx. 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	Blk.	When
					Yes
					11-12-80

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	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Test Results		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Test Gas Pay		Testing 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 representative of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Oil & Gas 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.

Douglas W. Rice

(Signature)

Assistant District Production Manager

(Title)

11-12-80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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SUPERVISOR DISTRICT I

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 taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables 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.