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OIL CON. DIV.
DIST. 3

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Address
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner Red Mountain Assoc.; 2626 Holly St.; Denver, CO 80207

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Santa Fe Pacific</u>	Well No. <u>42</u>	Pool Name, including Formation <u>Red Mountain MV.</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> : <u>105</u> Feet From The <u>North</u> Line and <u>1610</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>20 North</u> Range <u>9 West</u> , NMPM, <u>McKinley</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>Plateau</u>	Address (Give address to which approved copy of this form is to be sent) <u>1921 Bloomfield Ave. Farmington, NM</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NA</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? <u>No TSTM</u> When

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.

J. M. Sauer
(Signature)

Petroleum Engineer
(Title)

2/17/84
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1984, 19

BY Frank J. [Signature]

TITLE SUPERVISOR DISTRICT # 3

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

JUN 23 1986
OIL CONSERV. DIV.
DIST. 3

I. Operator GEO ENGINEERING INC

Address PO BOX 2966, SANTA FE, NM 87504-2966

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SANTA FE PACIFIC</u>	Well No. <u>42</u>	Pool Name, including Formation <u>RED MOUNTAIN MV</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location				
Unit Letter <u>B</u> : <u>105</u> Feet From The <u>NORTH</u> Line and <u>1610</u> Feet From The <u>EAST</u>				
Line of Section <u>29</u> Township <u>20 N</u> Range <u>9 W</u> , NMPM, <u>MCKINLEY</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>GARY ENERGY CORP</u>	Address (Give address to which approved copy of this form is to be sent) <u>115 INVERNESS DR. E. ENCLINWOOD, COLO</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>TSTM</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>0 20 20 N 9 W NO</u>

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.

Jim Law
(Signature)
PETR-ENGINEER
(Title)
6-19-86
(Date)

OIL CONSERVATION DIVISION JUN 23 1986

APPROVED _____

BY Frank J. [Signature]
SUPERVISOR DISTRICT 3

TITLE _____

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