

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 28 1985
OIL CON. DIV.
DIST. 3

I. Operator MCO Resources (Integrated) Corp.

Address 5718 Westheimer, Suite 1100, Houston, Texas 77057

Reason(s) for filing (Check proper box)

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

Other (Please explain) CHANGE OPERATOR NAME

If change of ownership give name and address of previous owner Integrated Energy, Inc., P. O. Box 61585, Houston, TX 77208

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal 31-22-6</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat Rusty Chacra</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-7776</u>
Location				
Unit Letter <u>J</u>	<u>1470</u>	Feet From The <u>South</u> Line and	<u>1550</u>	Feet From The <u>East</u>
Line of Section <u>31</u>	Township <u>22N</u>	Range <u>6W</u>	, NMPM, <u>Sandoval</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texaco Oil Inc.</u>	<u>P. O. Box EE, Cortez, Co. 81321</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? <u>Yes</u> When <u>11-8-82</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.

Jane Ashcraft
(Signature) Jane Ashcraft
Production Analyst
(Title)
March 22, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 14 1985
BY Frank J. Davis
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.