

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

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.

I. Operator **MESA GRANDE RESOURCES, INC.** DIST. 3

Address **1200 PHILTOWER BUILDING, TULSA, OK. 74103**

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<b>CHANGE OPERATOR FROM E. ALEX PHILLIPS TO MESA GRANDE RESOURCES, INC.</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input 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 **THIS AN OPERATOR CHANGE ONLY; NO OWNERSHIP HAS CHANGED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>GAVILAN FEDERAL</b>	Well No. <b>#2</b>	Pool Name, including Formation <b>GAVILAN MANCOS</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>SF 081296</b>
Location				
Unit Letter <b>J</b> : <b>1846</b> Feet From The <b>EAST</b> Line and <b>1827</b> Feet From The <b>SOUTH</b>				
Line of Section <b>26</b> Township <b>25N</b> Range <b>2W</b> , NMPM, <b>RIO ARriba</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>GIANT REFINING COMPANY</b>	<b>P.O. BOX 256 FARMINGTON, N.M. 87499</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>EL PASO NATURAL GAS</b>	<b>P.O. BOX 990 FARMINGTON NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>J</b> Sec. <b>26</b> Twp. <b>25N</b> Rge. <b>2W</b>	<b>YES FEBRUARY, 1986.</b>

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.

**Gugory R Phillips**  
(Signature)  
**VICE PRESIDENT**  
(Title)  
**DECEMBER 17, 1986**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 19 1986**  
BY **Frank J. Gandy**  
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

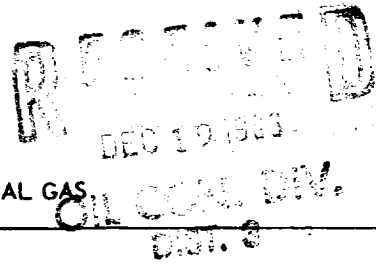
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator <b>MESA GRANDE RESOURCES, INC</b>	
Address <b>1200 PHILTOWER BUILDING TULSA, OK 74103</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <b>CHANGE OPERATOR FROM E. ALEX PHILLIPS TO MESA GRANDE RESOURCES, INC</b>

If change of ownership give name and address of previous owner THIS IS AN OPERATOR CHANGE ONLY; NO OWNERSHIP HAS CHANGED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>GAVILAN FEDERAL</b>	Well No. <b>#2</b>	Pool Name, Including Formation <b>GAVILAN GRNHRN/GRNRS/DAKOTA</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>SF081296</b>
Location				
Unit Letter <b>J</b> : <b>1846</b> Feet From The <b>EAST</b> Line and <b>1827</b> Feet From The <b>SOUTH</b>				
Line of Section <b>26</b> Township <b>25N</b> Range <b>2W</b> , NMPM, <b>RIO ARRIBA</b> 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"/> <b>GIANT REFINING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 256 FARMINGTON NM 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EL PASO NATURAL GAS</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 990 FARMINGTON NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b> Sec. <b>26</b> Twp. <b>25N</b> Rge. <b>2W</b>	Is gas actually connected? <b>yes</b> When <b>FEBRUARY, 1986</b>

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.

*Gregory R Phillips*  
(Signature)  
**VICE PRESIDENT**  
(Title)  
**DECEMBER 17, 1986**  
(Date)

OIL CONSERVATION DIVISION	
APPROVED	<b>DEC 19 1986</b>
BY	<i>Frank J. [Signature]</i>
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.

All distances must be from the outer boundaries of the Section.

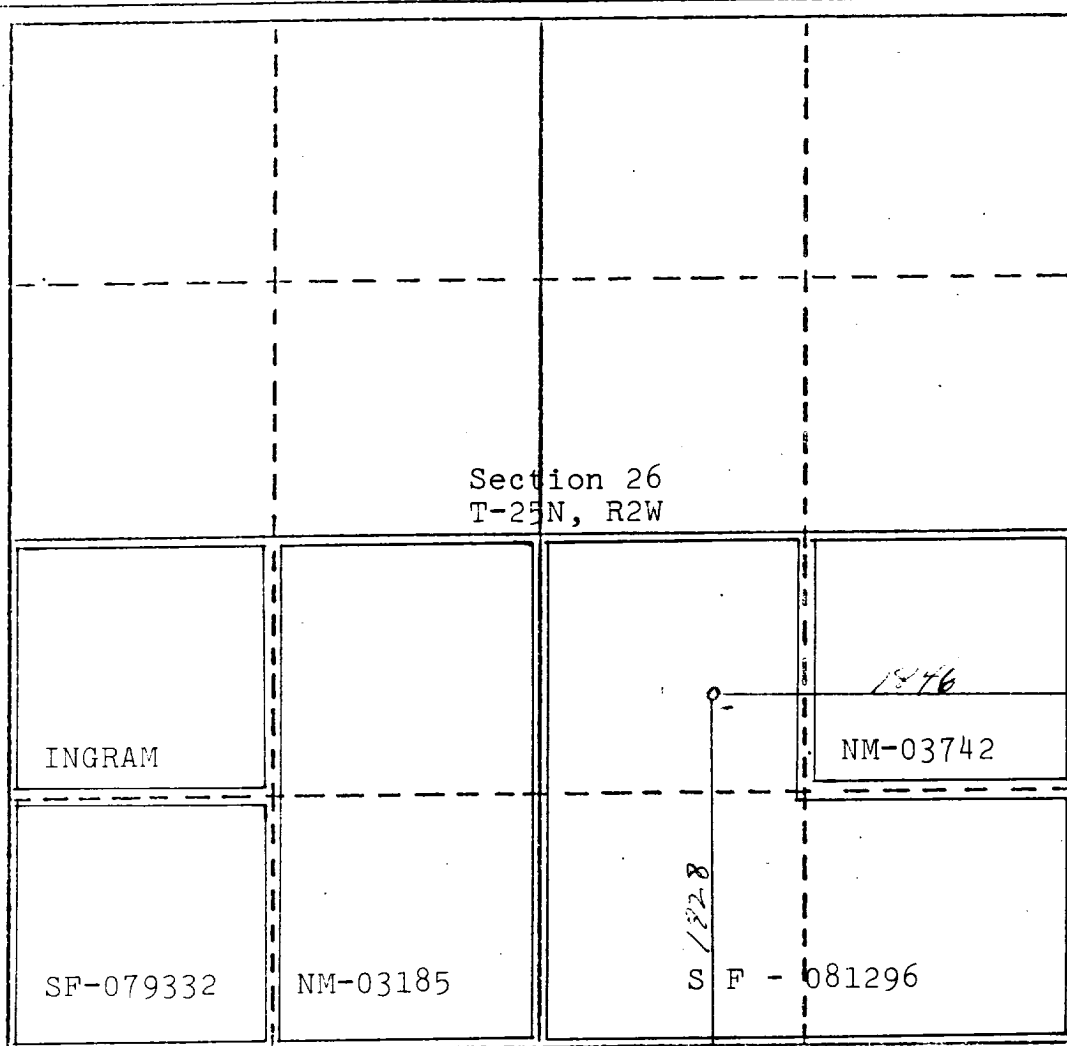
Operator Mesa Grande Resources, Inc.		Lease Fed # SF-081296 Gavilan		Well No. 2
Unit Letter J	Section 26	Township 25N	Range 2W	County Rio Arriba
Actual Postage Location of Well: 1846.20 feet from the East line and 1828.60 feet from the South line				
Ground Level Elev. 7404'	Producing Formation Greenhorn/Graneros/Dakota		Pool Gavilan	Dedicated Acreage: 320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). AMENDED (See Attachment)
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



#### CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*David M. Blandford*  
Name

David M. Blandford

Position  
Petroleum Engineer

Company  
Mesa grande Resources, Inc.

Date  
March 27, 1987

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.

0 500 600 650 1320 1600 1900 2310 2640 2000 1500 1000 500 0