## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		1	1
BANTA FE			
FILE			
U.1.G.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	SAS		
OPERATOR			
PROBATION OFFICE			

## 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

Operator		
Greenwood Resources, Inc.		
Address	E 1 CO COLLO DE E WED	
116 Inverness Dr. East Resson(s) for filing (Check proper box)	Englewood, CO 80112 UK UK	
New Weil Change in Transporter of:	Other (Please explain)	
Recompletion X Oil	NOV 1 0 1986	
Change in Ownership Casinghead Gas	Condensate OF CON 197	
If change of ownership give name and address of previous owner	EPOT,	
II. DESCRIPTION OF WELL AND LEASE		
Kirtland Well No.   Pool Name, Inc.   Kirtland   5   Cha Cha	Gallup/Gallup State, Federal or Fee Fee	
Location		
Unit Letter T : 2030 Feet From The SOUTH	1_ Line and 2125 Feet From The F. AST	
Line of Section 12 Township 29/1/ Rom	NMPM, San Juan County	
	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT	TURAL GAS	
	77 E Via De Ventura #100 Scottsdale, AZJ 85258	
Name of Authorized Transporter of Casinghead Gas or Dry Gas f		
El Paso Natural Gas 1729 E. 21st S		
If well produces oil or liquids, que location of tanks.  Unit Sec. Twp. R	Rge. Is gas actually connected? When	
If this production is commingled with that from any other lease or	r pool, give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION 1 0 1986	
indeply county date me rates and regardous of the Oil Constitution Division 11246   APPRIOVED		
peen complied with and that the information given is true and complete to the my knowledge and belief.	Dest of BY	
	TITLE SUPERVISOR DISTRICT H 3	
	This form is to be filed in compliance with RULE 1104.	
Sames Honder	If this is a request for allowable for a newly drilled on decount	
Operations Manager  Operations Manager  Operations Manager  Operations Manager		
(Title)  All sections of this form must be filled out completely for a sbie on new and recompleted wells.		
(Date)  Fill out only Sections I. II. III, and VI for che well name or number, or transporter, or other such characters.		
	Separate Forms C-104 must be filled for each pool in multiply completed wells.	