

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Form 100-01-83
RECEIVED
JUL 25 1988
OIL CON. DIV.
DIST. 3

I. Operator
Greenwood Holdings Inc.

Address
5600 S. Quebec St., Ste 150C Englewood, CO 80111

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"/> Condensate Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fruitland	Well No. 1	Pool Name, including Formation Meadows Gallup	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>I</u> , <u>1940</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>29N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

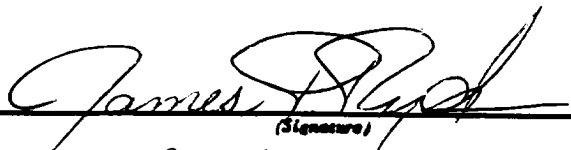
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, NM 87413
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas 1729 E. 21st St.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>3</u> Twp. <u>29N</u> Rge. <u>15W</u>	Is gas actually connected? <input type="checkbox"/> When <input type="checkbox"/>

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.


(Signature)
Operations Manager
(Title)
7-20-88
(Date)

OIL CONSERVATION DIVISION
JUN 28 1988
APPROVED _____, 19____
BY James P. Hurd
TITLE SUPERVISION DISTRICT #34

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.