

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

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

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

**RECEIVED**  
JUL 25 1988  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**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 oil: <input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Resumption	<input type="checkbox"/> Condensate Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership		

Other (Please explain): \_\_\_\_\_

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Kirtland</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Cha Cha Gallup/Gallup</u>	Kind of Lease State, Federal or Fee- <u>Fee</u>	Lease No. _____
Location Unit Letter <u>K</u> : <u>2045</u> Feet From The <u>South</u> Line and <u>1970</u> Feet From The <u>West</u> Line of Section <u>12</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"/> <u>Gary Energy</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159 Bloomfield, NM 87413</u>
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>12</u> Twp. <u>29N</u> Rge. <u>15W</u>	Is gas actually connected? <u>Yes</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.

James V. Pugh  
(Signature)  
Operations Manager  
(Title)  
7-20-88  
(Date)

OIL CONSERVATION DIVISION  
JUN 28 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Burt J. Shum  
TITLE SUPERVISION DISTRICT #31

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.