

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

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

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
NM&O OPERATING COMPANY

Address
1305 Philtower Building Tulsa, Oklahoma 74103

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 type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator

If change of ownership give name and address of previous owner
MESA GRANDE RESOURCES

II. DESCRIPTION OF WELL AND LEASE

Lease Name Koons	Well No. 1	Pool Name, including Formation Gavilan P.C.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>					
Line of Section <u>14</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</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)
El Paso Natural Gas Company	P.O. Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	yes

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.


Christopher L. Phillips (Signature)

Vice President

(Title)

5/26/88

(Date)

OIL CONSERVATION DIVISION
JUN 08 1988

APPROVED _____, 19____

BY  _____

TITLE SUPERVISION 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	DLL Res.v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 1-p allow- OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (phot. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size