

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 13 1985
OIL CONSERVATION DIV.
12/13/85

I. Operator Mesa Grande Resources, Inc.

Address 1200 Philtower Bldg., Tulsa, OK 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 checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner Northwest Pipeline Corp., P.O. Box 8900, Salt Lake City, Utah 84108

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>FEDERAL</u>	Well No. <u>6</u>	Pool Name, including Formation <u>GAVILAN PC</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM 04077-A</u>
Location				
Unit Letter <u>A</u> : <u>860</u> Feet From The <u>NORTH</u> Line and <u>790</u> Feet From The <u>EAST</u> LINE				
Line of Section <u>9</u> Township <u>25 N</u> Range <u>2 W</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corp.</u>	<u>P.O. Box 8900, Salt Lake City, Utah 84108</u>
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)
<u>El Paso Natural Gas</u>	<u>P.O. Box 900, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? <input checked="" type="checkbox"/> 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.

G. Phillips
(Signature)

Operations Representative
(Title)

(Date)

12/10/85

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 13 1985
BY Frank J. C...
SUPERVISOR DISTRICT 9
TITLE _____

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.