STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

March 22, 1988

DISTRIBUTION			
BANTA FE			
FILE		·	
V.1.0.1.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PAGRATION OFFICE			

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

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

REQUEST FOR ALLOWABLE

A	ND TO THE STATE OF			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I.	Divi			
Operator				
MESA GRANDE RESOURCES, INC.				
Address				
	K 74103			
New Well Change in Transporter of:				
Recompletion	y Gas			
Change in Ownership Casinghead Gas Co	anden acte			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Leese Name Well No. Pool Name, Including For Gavillan Manco	ormation Kind of Lease Lease No.			
Gavilan 3 Greenhorn	Thad Dakota State, Federal or Fee Fee			
Location				
E 1850 North	990 West			
Unit Letter;Feet From TheLine	e andFeet From The			
Line of Section 26 Township 25N Range	2W , NMPM, Rio Arriba County			
Mame of Authorized Transporter of Casinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) P. O. Box 256 Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)				
Unit Sec. Twp. Rge.	Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.				
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.				
CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
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. APPROVED BY				
my anowicage and owner.				
Chustophe Phallips	TITLE SUPERVISOR DISTRICT # ? This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
hristopher L. (Signature) Phillips well, this form must be accompanied by a tabulation of the devia				
Manager of Field Operations tests taken on the well in accordance with RULE 111.				
All sections of this form must be filled out completely for allow				
. (*****/	table as now and ecompleted wells			

able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of ewner, well name or number, or transporter or other such change of condition. Separate Forms C-104 must be flied for each pool in multiply completed wells.