

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

Operator E. ALEX PHILLIPS	
Address 1200 PHILTOWER BUILDING TULSA OK 74105	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Mesa Grande Resources, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name GAVILAN - FEDERAL	Well No. #2	Pool Name, Including Formation GAVILAN Mancos GAVILAN Graham/Dakota	Kind of Lease State <u>Federal</u> Fee	Lease No. 808129
Location				
Unit Letter <u>J</u> : <u>1846</u> Feet From The <u>EAST</u> Line and <u>1827</u> Feet From The <u>SOUTH</u>				
Line of Section <u>26</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256 FARMINGTON N.M. 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS	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>J</u> Sec. <u>26</u> Twp. <u>25N</u> Rge. <u>2W</u>	Is gas actually connected? <u>YES</u> When <u>JANUARY 27, 1986</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.

Gregory R Phillips
(Signature)
VICE PRESIDENT
(Title)
FEBRUARY 14, 1986
(Date)

OIL CONSERVATION DIVISION
FEB 14 1986
APPROVED _____
Original Signed by **FRANK T. CHAVEZ**
BY _____
SUPERVISOR DISTRICT # 2
TITLE _____
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X		X					
Date Spudded 5/13/84	Date Compl. Ready to Prod. 3/1/85	Total Depth 8200				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 1404 GL	Name of Producing Formation GAVILAN MANCOS	Top Oil/Gas Pay 6828'				Tubing Depth 6948'			
Perforations 6828-7123'; 0.31 dia., 46 holes						Depth Casing Shoe 8193'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT			
12 1/4"	9 5/8"	215'				110 SK			
8 3/4"	7"	8193				1325 SK			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/29/84	Date of Test 2/14/85	Producing Method (Flow, pump, gas lift, etc.) PUMPING, CMI 456	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 50 #	Choke Size 3/4"
Actual Prod. During Test 180	Oil-Bbls. 23 BO	Water-Bbls. 6	Gas-MCF 150 MCF

GAS WELL

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