31341/N1
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Mesa Grande Resources, Inc.

Address: 1200 Philtower Building, Tulsa, Oklahoma 74103

Reason(s) for filing (Check proper box)
- [XX] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
~~FEDERAL~~ HELLCAT	#1	GAVILAN MANCOS	~~State~~, Federal or ~~Fee~~	NM-04083

Location
Unit Letter F ; 1,700 Feet From The North Line and 1,850 Feet From The West

Line of Section 22 Township 25N Range 2W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]
GIANT REFINING COMPANY
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 256, Farmington, New Mexico 87499

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]
NORTHWEST PIPELINE CORPORATION
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 8900, Salt Lake City, Utah 84108-8900

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	22	25N	2W	No	December 10, 1985

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.

(Signature)

(Title)

10-28-85
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 18 1985, 19

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XXX		XXX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/26/85	10/19/85	8,024'	7,416'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7,215'	Gallup	6,610'	6,620'

Perforations	Depth Casing Shoe
7,254-7,395 (23 holes, .34" diameter), 6,610-7,104 (38 holes, .34" diameter)	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8 36# J-55	476'	265 sx.
8 3/4	7" 23# & 26# K-55	8,002'	

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 top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
10/20/85	10/19/85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	Pumping	136#	1/4"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
173 bbls.	149 bbls.	24 bbls. (Load)	200

GAS WELL

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