STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		1	
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OPERATOR			
PROBATION OFFICE			

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OIL CONSERVATION DIVISIONOIL CO. 3. Format 06-01-83 P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
<u>l. </u>	TORY OF ARD RATORAL DAS
Operator	
NM&O OPERATING COMPANY	
1305 Philtower Building Tulsa Reason(s) for filing (Check proper box)	, Oklahoma 74103
New Well Change in Transporter of:	Other (Please explain)
	Change of Operator
	Change of Operator
If change of ownership give name and address of previous owner MESA GRANDE RESOURCES	
and address of previous owner TESA GRANDE RESOURCES	
II. DESCRIPTION OF WELL AND LEASE	•
Lease Name Well No. Pool Name, Including F	
Hellcat 1 Gavilan Mano	cos State, Federal or Fee Federal NM04083
Location	<u> </u>
Unit Letter F : 1700 Feet From The North Lin	Feet From The West
Line of Section 22 Township 25N Range	2W , NMPM, Rio Arriba . County
W. Draight Table 1	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)
	·
Giant Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas	P.O. Box 256 Farmington NM 87499 Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company Unit Sec. Twp. Rge.	P.O. Box 990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks. F 22 25N 2W	1 0 100 100
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.	
THE CERTIFICATE OF COMPUTANCE	OIL CONSERVATION DIVIDION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION JUN 08 988
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of my knowledge and belief.	3 N Ch.
my knowledge and benefit	BY Dane / Carpy
	TITLE SUPERVISION DISTRICT # 3
00 10 100 100	This form is to be filled in compliance with any of the
Churchy Khullup	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendent
stopher L. Phillips (Slanature)	well, this form must be accompanied by a tabulation of the deviation
Vice President	tests taken on the well in accordance with RULE 111.
(Title)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.
5/26/88	Fill out only Sections I, II, III, and VI for changes of owner,
(Date)	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.

V. COMPLETION DATA		Oil Mell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	'Diff. Res'
Designate Type of Completic	on - (X)	1		i	! !	<u>.</u>		<u> </u>	1
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Otl/Gas Pay			Tubing Depth			
Perforations	1,						Depth Casing Shoe		
		TUBING.	CASING, AN	D CEMENT	NG RECOR	D			
HOLE SIZE	The state of the s				DEPTH SE		s	ACKS CEME	NT
							-		·
				<u> </u>					
	1			1					
	<u></u>								
7. TEST DATA AND REQUEST	FOR ALL)WABLE (Test must be able for this c	after recovery lepth or be for	of total volu full 24 hours	me of load oi	l and must be	equal to or ex	ceed tup all
OIL WELL	FOR ALLO		Test must be able for this c	after recovery lepth or be for Producing	of total volu full 24 hours Method (Flou	me of load of) , pump, gas	l and must be	equal to or ex	ceed top all
OIL WELL Date First New Oil Run To Tanks		at	Test must be able for this c	after recovery tepth or be for Producing	Method (Flou	me of load of) , pump, gas	l and must be lift, etc./		cood sup all
Date First New Oil Run To Tanks Length of Test	Date of Te	at	Test must be able for this c	Producing	Method (Flow	me of load of) 1. pump, gas	lift, etc.)	•	ceed sup all
OIL WELL Date First New Oil Run To Tanks	Date of Te	at	Test must be able for this c	Producing Casing Pro	Method (Flow	me of load of) i, pump, gas	Choke Siz	•	ceed tup all
OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Te	at	Test must be able for this c	Producing Casing Pro . Water-Bbi	Method (Flou	, pump, gas	Choke Siz	•	ceed sup all
OIL WELL Date First New Oil Run To Tanks Length of Test	Date of Te	at	Test must be able for this a	Producing Casing Pro . Water-Bbi	Method (Flow	, pump, gas	Choke Siz	•	ceed sup all

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

Seperate Forms C-104 must be filed for each pool in multiple

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, -		e.	CUN 0 8 1988 Form C-104 Servised 10-0 ormal 06-01	
STATE OF NEW MEXICO			3038	
ENERGY AND MINERALS DEPARTMENT		`.	1011 0 8 1980 Form C-104	1 78
00. 00 100-11 00111-10	OIL CONSERVA P. O. BO) SANTA FE, NEW	TION DIVISIO	Normal 08-01	
DISTRIBUTION SANTA FE	OIL CONSERVA	TION DIVISIO	Page 1	
FILE	SANTA FE, NEW	MEXICO 87501	pist.	
LAND OFFICE	SAITIA / E, ITEI			
TRANSPORTER OIL	DEQUEET FOR	ALLOWADIE		
OPERATOR OPERATOR	REQUEST FOR		,	
PROMATION OFFICE	AUTHORIZATION TO TRANSP		RAL GAS	
I. Operator				
NM&O OPERATING C	OMPANY			
Address		01.1-5 7/10	12	
1305 Philtower B	uilding luisa,	Oklahoma 7410	e explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:			
Recomplation	O11 D11	Gas	Change of Operator	
Change in Ownership	Casinghead Gas Col	ndensate		· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation	Kind of Lease State, Federal or Fee Federal	NM04083
Helicat	1 666 Da	iK	rederal Federal	INMU4003
Location F . 1700	Feet From The North Line	and 1850	Feel From The West	
Unit Letter F : 1700	Feet From the			_
Line of Section 22 Town	sehip 25N Range	2W , NMPM	a, Rio Arriba	County
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Oil (or Condensate	A30:000 Olive	to which approved copy of this form is	to be sent;
1		P.O. Box 256	Farmington, NH 87499	to be sent)
Name of Authorized Transporter of Cast	nghead Gas Or Dry Gas	1		• •
	Unit Sec. Twp. Rge.	P.O. Box 990	Farmington, NM 87499	· ·
If well produces oil or liquids, give location of tanks.	F 22 25N 2W	yes	8/22/86	
If this production is commingled with		<u> </u>	r number:	
NOTE: Complete Parts IV and V				
NOTE: Complete Paris IV and V	on receise side if necessary.	اا مر د	CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIAN	1CE	. 0,2 2	JUN 08 1988	
I hereby certify that the rules and regulation	ns of the Oil Conservation Division have	APPROVED	1/	, 19
been complied with and that the information my knowledge and belief.	a given is true and complete to the best of	BY	3 D) Brown	
, .		TITLE	SUPERVISION DISTRICT	# 3
	Λ	11	o be filed in compliance with MUL	
Churchen & R.	AND THE STATE OF T	10 15 15 15 15 15	annes for allowable for a newly dri	iled or deepen
ristopher L. Phillips (Sienes	we)	I wall this form mul	at be accompanied by a tabulation well in accordance with AULE 1	Of the dealett
Vice	President	All sections o	f this form must be filled out comp	letely for allo
71110 5/26	•	able on new and re	ecompleted wells. Sections I, II, III, and VI for ch	
5/20 (Date	· · · · · · · · · · · · · · · · · · ·	well name or number	er, or transporter, or other such chair	nge of condition