STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION | | | |
|------------------|-----|--|--|
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | BAS | | |
| OPERATOR | | | |
| PROMATION OFFICE | | | |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE

| OPERATOR AND | | | | |
|---|--|--|--|--|
| AUTHORIZATION TO TRANSP | ORT OIL AND NATURAL GADIL CON. DIV | | | |
| I. | DIST. 3 | | | |
| Operator | 0131. 3 | | | |
| MESA GRANDE RESOURCES, INC. | | | | |
| Address | | | | |
| P. O. Box 274, Farmington, New Mexico | 87499 | | | |
| Reason(s) for filing (Check proper box) Other (Please explain) | | | | |
| New Well Change in Transporter of: | | | | |
| Recompletion Oil Dry | y Gas | | | |
| Change in Ownership X Casinghead Gas Co | ndensate | | | |
| | | | | |
| If change of ownership give name | | | | |
| and address of previous owner | | | | |
| H. INECOMPTION OF WITH AND LEACH | | | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Fo | rmation Kind of Lease Lease No. | | | |
| MARAUDER 1 Gavilan Mar | Since Federal or For DEE | | | |
| | 1005 | | | |
| Location N 1840 See See The West Line and 805 Feet From The South | | | | |
| Unit Letter N : 1840 Feet From The West Line | and 805 Feet From The South | | | |
| | 2W , NMPM, Rio Arriba County | | | |
| Line of Section 8 Township 25N Range | 2W , NMPM, Rio Arriba County | | | |
| | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | Address (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Oil 📉 or Condensate | P.O. Box 256, Farmington, NM 87499 | | | |
| Giant Refining Company . | Address (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Casinghead Gas 🐧 💮 or Dry Gas 🗍 | | | | |
| El Paso Natural Gas Company | 11.0. Box 20), 141 | | | |
| If well produces oil or liquids, N Q OEN ON | Is gas actually connected? When | | | |
| give location of tanks. N 8 25N 2W | No | | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | |
| If this production is commingled with that from any other lease of poor, | | | | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | | | |
| OIL CONSERVATION DIVISION | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | | |
| to the All Concernation Division have | APPROVED 1900 | | | |
| 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. | BY Stanger. Savey | | | |
| my knowledge and a second | SUPERVISOR DISTRICT # 3 | | | |
| | TITLE | | | |
| $i \in \mathcal{A} \cap \mathcal{A} \cap \mathcal{A} \cap \mathcal{A}$ | This form is to be filed in compliance with RULE 1104. | | | |
| a Mis morane | If this is a request for allowable for a newly drilled or deepened | | | |
| reall 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 fitted out completely for allow- | | | | |
| October 7, 1986 able on new and recompleted wells. 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. | | | |