## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 MAY 2 1 1987

Operator  Mesa Grande Resources, Inc.  Address P. O. Box 274, Farmington, New Mexico 87499  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate  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.	OPERATOR PROPATION OFFICE	AND OIL CON. DIV.  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. 3							
P. O. Box 274, Farmington, New Mexico 87499  Reverently for filing (Cheek proper leas)    New Yeal   Cheenge in Transporter of   Oil   Cheenge in Transporter of   Oil   Cheenge in Order (Please explain)   Responsibilities   Oil   Cheenge in Order   Oil   Order (Please explain)   Responsibilities   Oil   Oil   Order		, Inc	•				· · · · · · · · · · · · · · · · · · ·		
Reconcil for filing (Asea proper tox)    New Well   Change in Ownership   Cli   Costrocheod Gas   Condensate	Address		N N -		971.00	·			
Change of ownership   Casingheed Cas   Condensate		igton,	New Me	X1CO	0/499		/aiai		
Recompletion	1 —	Change in	Transporter	o <b>í:</b>		Oluet (1 reas	e explain,		
If change of ownership give nerse and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Nome    Well No.   Pool Nome. Including Formation   State, Federal or Fee Federal   NM-43746	} <i>=</i> =	O11	•	□ □	y Gas	,			
DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, including Formation   State, Federal or Fee Federal   NM-43746	Change in Ownership	Castr	nghead Gas	c	ondensate				
Leese Name   Federal Invader   1   Gavilan Mancos   State, Federal or Fee Federal   NM-43740	If change of ownership give name and address of previous owner						•	·	
Federal Invader 1 Gavilan Mancos State, Federal or Fee Federal NM-43746  Location  Unit Letter D : 850 Feet From The West Line and 1040 Feet From The North  Line of Section 1 Township 24N Range 2W NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Coling or Condensate P.O. Box 1887, Bloomfield, NM 87413  Northwest Pipeline, Inc.  Northwest Pipeline Corporation  If well produces oil or liquids, Qubit Sec. Twp. Rge.  If well produces oil or liquids, Qubit Sec. Twp. Rge.  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  Approved Office of the Colins of the	II. DESCRIPTION OF WELL AND L	EASE				·	<del></del>		
Location  Unit Letter D : 850 Feet From The West Line and 1040 Feet From The North  Line of Section 1 Township 24N Bange 2W NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate P.O. Box 1887, Bloomfield, NM 87413  Northwest Pipeline, Inc.  Northwest Pripeline Corporation  Northwest Pipeline Corporation  If well produces oil or liquids, Until Sec. Typ. Rge.  If well produces oil or liquids, D 1 25N 2W No  III 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.  Secretary  (Signature)  (Title)  5/21/87  (Date)  This form is to be filled in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tested taken on the well in accomplising with Rule 1104.  All sections of this form must be accompanied by a tabulation of the deviation tested taken on the well in accomplising well in secondarce with Rule 1104.  All sections of this form must be accompanied by a tabulation of the deviation tested taken on the well in accomplising well in secondarce with Rule 1104.  Fill out only Sections 1, II. III. and VI for changes of condition.  Separate Forms C-104 must be filled one each pool in multiply	Lease Name	Well No.					1	. For Fodonol	1 -
Unit Letter D 850 Feet From The West Line and 1040 Feet From The North  Line of Section 1 Township 24N Range 2W , NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil 2 or Condensate P.O. Box 1887, Bloomfield, NM 87413  Northwest Pipeline, Inc.  Name of Authorized Transporter of Cesinqhead Gas 6 or Dry Gus Address (Give address to which approved copy of this form is to be sent)  Northwest Pipeline Corporation  Northwest Pipeline Corporation  If well produces oil or liquids, Unit Sec. Typ. Rage. It was a gas actually connected?  When When When It was not required 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  Liherby 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.  Secretary  (Signatury)  Secretary  (Title)  5/21/87  (Date)  Range  2W , NMPM, Rio Arriba County  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 8900, Salt Lake City, UT 84108  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is			Gavil	an Mai	icos	<u> </u>	State, Federal	orra rederat	147 C P 140
Line of Section 1 Township 24N Range 2W , NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  Northwest Pipeline Corporation  If well produces oil or liquids, que location of tanks.  II well produces oil or liquids, private 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 tegulations 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.  Separate V. (Title)  5/21/87  (Date)  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 8900, Salt Lake City, UT 84108  It was a catually connected?  When  When  When  OIL CONSERVATION DIVISION  APPROVED  OIL CONSERVATION DIVISION  APPROVE	<del></del>	B -4 5	Wes	t	1	040	Feet From T	North	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil	Unit Letter;;	reet rro	m 1 ne 1100	Lin	• and				
Address (Give address to which approved copy of his form is to be sent)  Name of Authorized Transporter of Casinghead Gas & or Dry Gis	Line of Section 1 Townsh	1p 24N	1	Range	2W	, NMPN	, Rio A	rriba	County
Ciniza Pipeline, Inc.  P.O. Box 1887, Bloomfield, NM 87413  Northwest Pipeline Corporation  If well produces oil or liquids, all produces oil or liquids, all 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.  Oil CONSERVATION DIVISION  APPROVED  Original Signed by FRANK I. (HAVEZ SUPERVISOR DISTRICT STATE TITLE  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepensed wells.  Fill out only Sections I. II. III. and VI for changes of condition.  Fill out only Sections I. II. III. and VI for changes of condition.  Separate Forms C-104 must be filled for each pool in multiply	III. DESIGNATION OF TRANSPOR	TER OF (		ATURAI	GAS	Give address	to which approve	ed copy of this form is	io be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Northwest Pipeline Corporation  Northwest Pipeline Corporation  If well produces oil or liquids, qive location of tanks.  D 1 25N 2W No  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.    Approved 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 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 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 City, UT 84108   No   Is quas actually connected?   When   No   Is quas actually connected?   When	1			•	P.O.	Box 188	7, Bloom	ifield, NM	87413
If well produces oil or liquids, one of tonks.  D 1 25N 2W No  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.  APPROVED  OIL CONSERVATION DIVISION  APPROVED  Original Signed by FRANK I. CHAVEZ  SUPERVISION DISTRICT STATE  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepensed 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 filled for each pool in multiply	Name of Authorized Transporter of Casingh	ead Gas 🔨	or Dry G	«IS 🗌	Address	Give address	to which approv	ed copy of this form is	to be sent)
If this production of tonks.  D 1 25N 2W NO  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 may knowledge and belief.  APPROVED  OIL CONSERVATION DIVISION  APPROVED  OCT 19 1987  If this is a request for allowable for a newly drilled or deepense well, this form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepense well, this form must be accompanied by a tabulation of the deviation teets taken on the well in accordance with RULE 1111.  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 filled for each pool in multiply	Northwest Pipeline Co								UT 84108
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Description of the deviation of the form must be filled out completely for allowable on new and recompleted wells.    Content of the deviation	I hereby certify that the rules and regulations of	of the Oil Co	onservation Div	vision have	APPR	OVED	001	<u> 19 1987 .</u>	. 19
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Separate Forms C-104 must be filed for each pool in multiply	5/21/87				Fi	il out only	Sections I. II.	III, and VI for cha-	
	(Date)				Se	parate Forms			_

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Designate Type of Completi	On - (Y)	New Well Workover Deepe	n Plug Back   Same Resty. Diff. Rest		
	Λ.	X :	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1-20-86	5-23-86	8104'	8057'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
7347' KB/7335' GR	Mancos	6724'	7508'		
Perforations			Depth Casing Shoe		
6724-7494					
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	9-5/8", 36#, K-55	508'	265 sxs		
8-5/8"	5-1/2". 17#, K-55	8095'	1600 sxs		
~	2-7/8" 6.4#,	7508'			
		<u> </u>	i		
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	i oil and must be equal to or exceed top allo		
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)			
OIL WELL	able for this de	fter recovery of total volume of load pth or be for full 24 hours) Producing Method (Flow, pump, g Pump			
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, g  Pump  Cosing Pressure			
OIL WELL Date First New Oil Run To Tanks 3-22-86	Date of Test 5-24-86	pth or be for full 24 hours) Producing Method (Flow, pump, g Pump	as lift, etc.)		

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
·		ļ		
Teeting Method (pitot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-in)	Choke Size	
	1	Commy Processes (Succ-12)	Choke alse	

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