

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
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 05-01-83
Page 1

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OCT 13 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CON. DIV.
DIST. 3

I. Operator
Mesa Grande Resources, Inc.

Address
1200 Philtower Building, Tulsa, Oklahoma 74103

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal Invader	Well No. #1	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Federal NM-43746	Lease No.
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

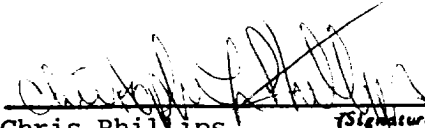
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza Pipeline, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 87499
If well produces oil or liquids, give location of tanks.	Unit D
Sec. 1	Twp. 24N
Rge. 2W	Is gas actually connected? Yes
	When October 1987

If this production is commingled with that from any other lease or pool, give commingling order number:

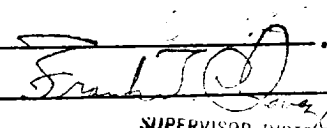
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


Chris Phillips
Manager, Field Operations
10/05/87
(Date)

OIL CONSERVATION DIVISION

APPROVED  1987
BY
TITLE SUPERVISOR DISTRICT #3

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 deviated 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 multiple 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.
		X		X					
Date Spudded 1-20-86	Date Compl. Ready to Prod. 5-23-86	Total Depth 8104'				P.B.T.D. 8057'			
Elevations (DF, RKB, RT, GR, etc.) 7347' KB/7335' GR	Name of Producing Formation Mancos	Top Oil/Gas Pay 6724'				Tubing Depth 7508'			
Perforations						Depth Casing Shoe			

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'	

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)

Date First New Oil Run To Tanks 3-22-86	Date of Test 5-24-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 6 Hrs	Tubing Pressure --	Casing Pressure 840 psig	Choke Size ---
Actual Prod. During Test --	Oil-Bbls. 55	Water-Bbls. 4	Gas-MCF 164

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