STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE		
SANTA FE		
FILE		
U 1.0.6.		
LAND OFFICE		
TRAMSPORTER		
OPERATOR		
PROBATION OFFICE		

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

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 AND

AUTHORIZATION	1 TO TRANSPO	RT OIL	AND NATU	RAL GAS	
Operator		-			
NMEO OPERATING COMPANY					
Address	7. 1	01.1.5.	7/.10	. 2	
1305 Philtower Building	uisa,		oma 7410 Other (Please		
Reeson(s) for filing (Check proper box)	_		Oiner (Fleasi	respiainy	
New Weil Change in Transpo	· · · · · ·	_ 1	•	61	
Recompletion		Change of Operator			
Change in Ownership Casinghead G	Con	densate		•	1
if change of ownership give name MECA CRAN	מר מינטוומרג	E C			
and address of previous owner MESA GRAN	<u>DE RESOURCE</u>				
I. DESCRIPTION OF WELL AND LEASE				·	
Lease Name Well No. Pool Na	me, including For	matton		Kind of Lease	Lease No.
Federal Invader #1 Gavi	lan Mancos			State, Federal or Fee Federal	NM-43746
Location					
Unit Letter D : 850 Feet From The W	estLine	and 1 040		Feet From The North	
ONIT Letter					
Line of Section 1 Township 24N	Ronge	2W	, NMP	4. Rio Arriba	County
El Paso Natural Gas Company Unit , Sec. To	ory Gas	P. 0.	Box 1887 Give address Box 990 tually connec	Bloomfield, NM 87 to which approved copy of this form Farmington, NM 87 when 10/29/87	499
If this production is commingled with that from any other	lease or pool,	ive comm	ningling ord	er number:	
NOTE: Complete Parts IV and V on reverse side if n					
VI. CERTIFICATE OF COMPLIANCE		}	OIL	CONSERVATION DIVISION	
		İ		JUN 08 1988	•
I hereby certify that the rules and regulations of the Oil Conservation	on Division have	APPR	OVED	JUN UN 1965	, \9
been complied with and that the information given is true and compl	ete to the best of	l		$\gamma \mapsto \emptyset \leftarrow$	
my knowledge and belief.		BY		and I tram	
		TITLE	·	UPERVISION DIS-	4 3 ———
<i>t</i> .		_	_	to be filed in compliance with a	 # 1104.
al Ld Alidia		1 11	able to m se	quest for allowable for a newly	drilled or deepen
istopher L. Phillips (Stanting)			his form mu	at be accompanied by a labulat!	OU OI IVO GEATELL
Vice President		tests t	sken on the	well in accordance with AUL	1111
(Title)		, A1	l sections	of this form must be filled out co	impletely for allo
5/26/88	·	able o	n new and f	ecompleted wells. Sections I. II, III, and VI for	changes of own
(Dete)		walls	rwa ot unup	er, or transporter, or other such c	henge of conditi

IV. COMPLETION DATA	1	- Ta		T			T		
Designate Type of Complet	ion - (X)	Gas Well	New Well	Workover	Deepen I	Plug Back	Same Restv.	Diff. Resty	
Date Spudded	Date Compl. Ready to	Prod.	Total Depti	1		P.B.T.D.	*	 	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Fo	rmation	Top Oil/Gas Pay			Tubing Depth			
Perforations	Depth Casing Shoe								
	TUBING	, CASING, AN	D CEMENTI	NG RECORE)		····		
HOLE SIZE	CASING & TUE	ING SIZE		DEPTH SE	т	SA	CKS CEME	чт	
				· · · · · · · · · · · · · · · · · · ·		<u> </u>			
						+			
			- 		······································	<u> </u>			
V. TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must be a able for this d	ifter recovery	of socal volum (ull 24 hours)	e of load oil	and must be e	qual to or exc	esa tup allow	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure		Casing Pre	iswe		Choke Size			
Actual Prod. During Test	Oil-Bbis.		Water - Bbis	•		Gas - MCF			
									
AS WELL ACTUAL Prod. Teel-MCE/D	Length of Test	· · · · · · · · · · · · · · · · · · ·	I Date Cond			10			
Actual Prod. 1001-MCF/D	Length of 1-at		Bbis. Cond	neate/MMCF		Gravity of C	ondenadte		
Testing Method (pitot, back pr.)	Tubing Pressure (Shat	t-ia)	Casing Pres	ewe (Shut-	in)	Choke Size			

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.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
PRORATION OFF	KE		

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(Daie)

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

RECUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS
<u>I. </u>	
Operator	
NMEO OPERATING COMPANY	
Address	
	Oklahoma 74103
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	y Gas Change of Operator
Change in Ownership Casinghead Gas Ca	indensitie
If change of ownership give name and address of previous owner MESA GRANDE RESOURCE	S
II. DESCRIPTION OF WELL AND LEASE	·
Lease Name Well No. Pool Name, including Fo	1
Federal Invader #1 Gavilan Mane	os (-C/a Dak State, Federal or FeeFedera) NM 43746
Location	
Unit Letter D : 850 Feet From The West Lin	e and 1040 Feet From The North
Line of Section 1 Township 24N Range 2	W , NMPM, Rio Arriba . County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Oli X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	P.O. Box 256 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Clas	Address (Give address to which approved copy of this form is to be sent)
E1 Paso Natural Gas Bompany	P.O. Box 990 Farmington, NM 87499
If well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? When
give location of tanks.	The state of the s
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	· OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation D vision have	APPROVED JUN 08 1988
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY
	TITLE SUPERVISION DISTRICT # 3
	This form is to be filed in compliance with RULE 1104.
Christophe & Phillys	If this is a request for allowable for a newly drilled or deepened
stopher L. Phillips (Signature)	well, this form must be accompanied by a tabulation of the deviation
Vice President	tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow
(Title)	able on new and recompleted wells.
5/26/88	Fill out only Sections I. II. III. and VI for changes of owner

IV. COMPLETION DATA		Oll Well	Gas Well	New Well	Workover	Deepen	Plue Beck	Same Rea'v. Dill Rea'v.		
Designate Type of Completion		,)	.!	1	1	1	1	1 1		
Date Spudded	Date Compl.	Ready to F	104.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fore	Formation Top Oil/Gas Pay				Tubing Depth			
Perforations	orguone						Depth Casing Shoe			
		TUBING.	CASING, AN	D CEMENTI	NG RECOR	D	!			
HOLE SIZE	IBUT & DI			DEPTH SE		\$7	SACKS CEMENT SACKS CEMENT d must be equal to or exceed tup allowed to the same of the sa			
				<u> </u>				<u> </u>		
	 									
						····	_i			
V. TEST DATA AND REQUEST	FOR ALLO	WABLE (Taxi must be a able for this d	efier recovery	of total volu full 24 hours	me of load of)	i and must be e	qual to or exceed tup allow		
OIL WELL Date First New Oil Run To Tanks	Date of Tee	t		Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	iawe		Casing Pre	••ш•		Choke Size			
Actual Prod. During Teet	Oll-Bbla.		 	Water-Bhis.			Gos - MCF			
	<u></u>									
GAS WELL										
Actual Prod. Tool-MCF/D	Length of T	•al		Bbla. Cond	ensate/MMCI	F	CHEATTA OF	Condenegle		
Tesung Method (phot, back pr.)	Tubing Pres	owe (shat	-is)	Casing Pre	eeme (2pat-	-in)	Chose Size			