

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 13 1985
OIL CON. DIV.
DIST. 3

I. Operator
Mesa Grande Resources, Inc.

Address
1200 Philtower Bldg., Tulsa, OK 74103

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner
Northwest Pipeline Corp., P.O. Box 8900, Salt Lake City, Utah 84108

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL	Well No. 11	Pool Name, including Formation GAVILAN PC	Kind of Lease State Federal or Fee	Lease No. NM 01385
Location Unit Letter <u>G</u> : <u>1730</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST LINE</u> Line of Section <u>24</u> Township <u>25 N</u> Range <u>2 W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 8900, Salt Lake City, Utah 84108
Name of Authorized Transporter of Gashead 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 900, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When Yes

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.

G. Phillips
(Signature)
Operations Representative
(Title)
12/10/85
(Date)

OIL CONSERVATION DIVISION

DEC 13 1985
APPROVED _____, 19____
BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filled 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 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 completed wells.