

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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OIL CON. DIV
DIST. 6

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Greenwood Holdings Inc.

Address 5600 S. Quebec St., Suite 150C, Englewood, CO 80111

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Name Change & Address Change
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	From: Greenwood Resources Inc.
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ute Mountain Ute</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Verde/Gallup</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>2000</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>31N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Gary Energy</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159 Bloomfield, NM 87413</u>			
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) _____			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>10</u>	Twp. <u>31N</u>	Rge. <u>15W</u>
Is gas actually connected?		When		

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.

James P. Rye
(Signature)
Operations Manager
(Title)
8-08-88
(Date)

OIL CONSERVATION DIVISION

AUG 11 1988

APPROVED _____, 19____
BY James P. Rye
TITLE SUPERVISION DISTRICT # 8

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 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 filed for each pool in multiply completed wells.