

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
OPERATOR	<input type="checkbox"/> GAS
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
AUG 11 1988
OIL CON. DIV. I
DIST. 3

I. **Owner**
Greenwood Holdings Inc.

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

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute Mountain Ute	Well No. 1	Pool Name, Including Formation Verde/Gallup	Kind of Lease State, Federal or Fee	Lease No. Fee
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

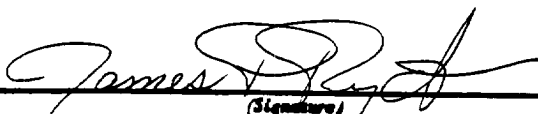
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, NM 87413
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/>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

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.

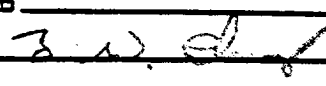
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Operations Manager
(Title)
8-08-88
(Date)

OIL CONSERVATION DIVISION

AUG 11 1988

APPROVED _____, IS _____
BY 
TITLE SUPERVISION 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 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.