

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
OCT -3 1986
O. C. D. REQUEST FOR ALLOWABLE
ARTESIAN, OIL AND NATURAL GAS

I. Operator
Kaiser-Francis Oil Company
Address
P. O. Box 21468, Tulsa, OK 74121-1468
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Effective 9/1/86

If change of ownership give name and address of previous owner Bravo Operating Company, P.O. Box 2160, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MESA GRANDE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated (Morrow)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>-----</u>
Location Unit Letter <u>F</u> <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>22S</u> Range <u>26E</u> NMPM, <u>Eddy</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"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 1492, El Paso, TX 79978</u> <u>Post ID-3</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>12/2/76</u> <u>10-10-86</u> <u>chg op name</u>

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.

C. Van Valkenburg
Production Administrator
(Signature)
(Title)
9/26/86
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 8 1986, 19_____
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

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.