

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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

DEC 13 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mesa Grande Resources, Inc.

Address 1200 Philtower Bldg., Tulsa, OK 74103

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)

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 <u>FEDERAL</u>	Well No. <u>13</u>	Pool Name, Including Formation <u>GAVILAN PC</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>SF 079332</u>
Location				
Unit Letter <u>D</u> : <u>1140</u> Feet From The <u>NORTH</u> Line and <u>850</u> Feet From The <u>WEST LINE</u>				
Line of Section <u>26</u> Township <u>25 N</u> Range <u>2 W</u> , NMPM, <u>Rio Arriba</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corp.</u>	<u>P.O. Box 8900, Salt Lake City, Utah 84108</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>P.O. Box 900, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>Yes</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. Phillips
(Signature)
Operations Representative
(Title)
12/10/85
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 13 1985
BY [Signature]
TITLE SUPERVISOR DISTRICT

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.