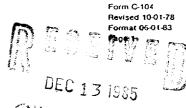
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTE | | | |
| BANTA FE | Ī | | |
| FILE | | | |
| V.8.0.4. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PROGRATION OF | | | |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



| OPERATOR PROMATION OFFICE | AU THORIZ/ | | R ALLOWABL ND PORT OIL AN | • | OIL COME | Divoj |
|--|-------------------|----------------------|---------------------------------|----------------|---------------------------------------|---|
| Coperator | | | | | ** \\/ | |
| Mesa Grande Resou | rces, Inc. | | | | | |
| Address 1200 Philtower B1 | dg., Tulsa. | OK 74103 | | | - | • |
| Resson(s) for tiling (Check proper box) | | | LOth | er (Please exp | la in I | |
| New Well Recompletion Change in Ownership | Change in Tr | | ry Gas ondensate | | - | |
| If change of ownership give name | Northwest | Pipeline Co | orp., P.O. | Box 8900 | , Salt Lake Cit | y, Utah 84108 |
| II. DESCRIPTION OF WELL AND | LEASE | | • | | | |
| Lease Name | Well No. Po | ol Name, Including F | ormation | 1 | of Lease | Lease No. |
| FEDERAL | 23 6 | BAVILAN | PC· | Stat | • Federal or Fee | NM 03808 |
| Unit Letter F: 171 | SFeet From T | he <u>NORTH</u> Li | ne and 166 | 5F | et From The <u>WEST</u> Río Arriba | LINE |
| III. DESIGNATION OF TRANSPO | ORTER OF OIL | | L GAS | | · | |
| Name of Authorized Transporter of Oil | or Conde | magte [] | Address (Give | address to wh | ich approved copy of this | form is to be sent) |
| Northwest Pipeline Cor | P• | | P.O. Box | 8900, S | alt Lake City, I | Utah 84108 |
| Name of Authorized Transporter of Cast | nghead Gas 📉 | or Dry Gas | Address (Give | address to wh | ich approved copy of this | form is to be sent) |
| El Paso Natural Gas | | | P.O. Box | c 900, Fai | rmington, NM 874 | 401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. Rge. | is que actuali; Yes | y connected? | t When | |
| f this production is commingled with | that from any of | ther lease or pool, | give comming! | ing order num | iber: | <u> </u> |
| NOTE: Complete Parts IV and V | | | ~ | | | |
| VI. CERTIFICATE OF COMPLIAN hereby certify that the rules and regulation | | vation Division have | APPROVĚ | - ne | C131985 | ON . , 19 |

been complied with and that the information given is true and complete to the b my knowledge and belief.

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| ns | Repr | eser | itative | | |
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(Title) (Date)

| APPROV | VED - | يلاال | <u>برح</u> | 100 |
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| AY. | Sran | W. | (L) | ave / |
| | SUPE | RVISOR | DISTRIC | T 8808 |

This form is to be flied 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 MULE 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 ampleted wells.