## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	41740		
OILT RIEUT ION			
SANTA FE		Ī	
FILE			
V.4.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

	OR ALLOWABLE	
AND  PROMATION OFFICE  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
I.		
Operator		
Mesa Grande Resources, Inc.		
1200 Philtower Bldg., Tulsa, OK 74103		
Reason(s) for liling (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
	Ary Gas	
Change in Ownership Casingheed Gas	Condensate	
If change of ownership give name And address of previous owner  Northwest Pipeline Co	orp., P.O. Box 8900, Salt Lake City, Utah 84108	
II. DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease Lease No.	
Lease Name Well No. Pool Name, Including F	PC State Federal or Fee SF 081332-1	
FEDERAL 16 GAVILAN	PC 1001350	
Location T 1900	ne and 1450 Feet From The EAST LINE	
Unit Letter J: 1850 Feet From The SOUTH Li	ne and 40 Feet From The 15/10/100	
Line of Section 13 Township 25 N Range	2W NMPM Rio Arriba County	
Line of Section 1 7 Township 25 /U rounge 2		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS	
une of Authorized Transporter of Oil or Condensate M Address (Give address to which approved copy of this form is to be sent		
Northwest Pipeline Corp.	P.O. Box 8900, Salt Lake City, Utah 84108  Address (Give address so which approved copy of this form is so be sens)	
Name of Authorized Transporter of Castinghood Gas 🔯 er Dry Gas		
El Paso Natural Gas	P.O. Box 900, Farmington, NM 87401	
If well produces oil or liquids, que location of tanks.	Is gas actually connected? When Yes	
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	OIL CONSERVATION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED DEA 3/1885 19	
een complied with and that the information given is true and complete to the best of		
my knowledge and belief.	SUPERVISOR DISTRICT #	
	TITLE	
Co. \ lina	1	
· () N. Whilly	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a nevrly drilled or deepened well, this form must be accompanied by a tabulation of the deviation	
Operations Representative	tests taken on the well in accordance with RULE 111.	
(Title) All sections of this form must be intended compilately and accomplated wells.		
Fill out only Sections I. II. III. and VI for changes of ov		
(Date)	well name or number, or transporter or other such change of condition.	
	Separate Forms C-104 must be filed for each pool in multiply	