

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 13 1985  
OIL CONSERV. DIV.  
DIST. 3

**I.**

Operator  
Mesa Grande Resources, Inc.

Address  
1200 Philtower Bldg., Tulsa, OK 74103

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> 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**

Lessee Name FEE	Well No. 1	Pool Name, including Formation GAVILAN PC	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
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Location

Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST LINE

Line of Section 14 Township 25N Range 2W , NMPM, Rio Arriba 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"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 8900, Salt Lake City, Utah 84108
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input checked="" type="checkbox"/> When

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.

*G. Phillips*

Operations Representative

(Title)

(Date)

12/10/85

OIL CONSERVATION DIVISION

APPROVED DEC 13 1985 19  
BY Frank J. [Signature]  
TITLE SUPERVISOR 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.