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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3050/W

RECEIVED
MAY 03 1984
OIL CON. DIV.
DIST. 3

Operator Mesa Grande Resources, Inc.	
Address 1200 Philtower Building, Tulsa, Oklahoma 74103	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howard GAVILAN HOWARD	Well No. 1	Pool Name, including Formation Basilin-Basilin	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>F</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>1651</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>25 North</u> Range <u>2 West</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	P. O. Box 256, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>23</u> Twp. <u>25N</u> Rge. <u>2W</u> Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: R-7534

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/10/83	Date Compl. Ready to Prod. 4/21/84	Total Depth 8020	P.B.T.D. Fill Below 8011					
Elevations (DF, RKB, RT, GR, etc.) 7282 GR	Name of Producing Formation Commingled Dakota/Greenhorn	Top Oil/Gas Pay 7531	Tubing Depth 7520					
Perforations 7531-7647, 7665-7849			Depth Casing Shoe 8011					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" Csg.	214	290 (340 cubic feet)
7 3/4"	5 1/2" Csg.	8010	1400 (1400 cubic feet)
	2 1/16" Tubing	7520	----- 2732

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3/23/84	Date of Test 4/21/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 600# (Flowing)	Casing Pressure 750#	Choke Size 1/2"
Actual Prod. During Test	Oil - Bbls. 83	Water - Bbls. 8	Gas - MCF 2465

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

Daniel J. Aguirre
Chief Geologist (Signature)

Chief Geologist

April 25, 1984

(Title)

(Date)

OIL CONSERVATION DIVISION

5-21-84 MAY 21 1984

APPROVED

BY _____ Original Signed by _____

SUPERVISOR DISTRICT # 3

TITLE _____

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.