

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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

AUG 27 1987
OIL CON. DIV.
DIST. 2

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MINEL, INC.

Address
309 Washington, S.E. Albuquerque, N.M. 87108

Reason(s) for filing (Check proper box)

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

Other (Please explain)
affected 9/30/87

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Minel Federal</u>	Well No. <u>NZ 2</u>	Pool Name, Including Formation <u>Ojito Gallop Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 080566A</u>
Location				
Unit Letter <u>A</u> : <u>665</u> Feet From The <u>North</u> Line and <u>515</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 9156 Phoenix AZ. 85068</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Minel, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>309 Washington S.E. Albuquerque, NM. 37103</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>A 1 25N 3W</u>
Is gas actually connected?	When <u>yes 11/12/86</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.

Jack Canyon
(Signature)
Asst Sec
(Title)
8/24/87
(Date)

OIL CONSERVATION DIVISION
AUG 27 1987
APPROVED _____
BY Frank J. Gandy
TITLE SUPERVISOR DISTRICT 2

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.