| wo, or comes nec | Elveo | 1 | |
|------------------|-------|---|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | i | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |

| SANTA FE FILE | | DUSERVATION COMMISSION FOR ALLOWABLE AND | | | Form C -104 Supersedes Old C+104 and C+11 Effective 1+1-65 | |
|--|--|--|-----------------|--|--|--|
| U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND N | ATURAL G | AS | | |
| LAND OFFICE | - | | | | | |
| TRANSPORTER GAS | *Effective | e Date February | 1, 1992. | | | |
| OPERATOR | | | | | | |
| PRORATION OFFICE | | | ···· | | | |
| Grand Resources, | Inc. | | | | | |
| 2250 E. 73rd Str | reet. Suite 400. Tulsa. | , OK 74136 | | | | |
| Reason(s) for filing (Check proper box | | Other (Please | explain) | | | |
| New Well | Change in Transporter of: | | | | | |
| Recompletion | Oil X Dry 19 | | | | | |
| Change in Ownership | Casinghead Gas Conden | is ate | | | | |
| f change of ownership give name and address of previous owner | | | | | | |
| and sources of previous owner | | | | | | |
| DESCRIPTION OF WELL AND Lease Name HZTEC | | ormation . | Kind of Lease | | Lease No. | |
| Mesa Gallup thit (Nava) | | | | ler Fee Indian | 142060358 | |
| Location | | | | | 11491ND785 | |
| Unit Letter C ; 61 | 0 Feet From The N Lin | • and <u>1980</u> | Feet From 1 | rhe W | | |
| Line of Section 25 To | waship 32N Range | 18W , NMPM | . Can luc | n n | County N | |
| 2, 70 | 3214 | I OW , NOW IN | y san Jua | an | County | |
| | TER OF OIL AND NATURAL GA | IS | | ved copy of this form is t | | |
| Name of Authorized Transporter of Ot | | P.O. Box 256, | | | obesent) | |
| Giant Refining Co | ompany Islandhead Gas Or Dry Gas Co | | | ved copy of this form is t | o be sens) | |
| | | | | | | |
| If well produces oil or liquids, give location of tanks. SE/L | SE/4 14 32N 18W | Is gas actually connecte | ed? Whe | rn . | | |
| | ith that from any other lease or pool, | give commingling order | number: | | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover | Deepen | Plug Back Same Res | 'v. Diff. Restv. | |
| Designate Type of Completi | on = (X) | | | 1 . | 1 | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Fraducing Formation | Top Off/Gas Pay | | Labing Cepth | | |
| | | | | | | |
| Perforations | | *************************************** | | Depth Casing Shoe | | |
| | TUDING CALING AND | | | | , | |
| HOLE SIZE | TUBING, CASING, AND | DEPTH SI | | SACKS CEM | ENT | |
| | | | | | | |
| | | | | | | |
| | | | | ļ | | |
| TEST DATA AND REQUEST F | OR ALLOWARIE (Test must be a | fer recovery of socal volu | me of load oil | and must be equal to or a | read top allow | |
| OIL WELL | able for this de | pth or be for full 24 hours |) | · | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flou | ı, pump, gas li | | | |
| Length of Test | Tubing Pressure | Casing Pressure | <u> </u> | Choke Size | | |
| | | | | FEB1 3 109 | 2 | |
| Actual Prod. During Test | Oil-Bb!. | Water-Bbls. | | Ga••MCF | | |
| | | | | TOIL CON | | |
| GAS WELL | | | | , Dist. 2 | | |
| Actual Prod. Test-MCF/D | Length of Test | Bble. Condensate/MMC | F | Gravity of Condensate | | |
| | | | | | | |
| Teeting Method (pitot, back pr.) | Tubing Pressure (Shut-is) | Casing Pressure (Shut | -in) | Choke Size | | |
| OFFITIELGATE OF COURT IA | Lor. | | 20165014 | TION COLUMNS | | |
| CERTIFICATE OF COMPLIAN | ICE. | 11 | | TION COMMISSIOI QQ? | N | |
| | regulations of the Oil Conservation | APPROVED | Day | | 19 | |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | BY Trank Lavey | | | | |
| | | TITLE SUPERV | ISOR DISTE | RIC " ∂ : 3 | | |
| 7. 7.1 | | | | | | |
| | | [] | | compliance with RUL (vable for a newly drill | | |
| • • | naiwe) | If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. | | | | |
| Marvin Robinowitz, | | | | | | |
| All sections of this form must be filled out com able on new and recompleted wells. | | | 118. | • | | |
| February 12, 1992 | ate) | Fill out only well name or numbe | Sections I, II | I, III, and VI for char er, or other such chang | e of condition | |
| 10 | | 11 | . | | | |