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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1.
Effective 1-1-65

Operator
GRAND RESOURCES, INC.
Address
2250 E. 73rd Street, Suite 400 Tulsa, OK 74136

| | | | | | |
|---|--------------------------|---------------------------|-------------------------------------|------------|--------------------------|
| Reason(s) for filing (Check proper box) | | | | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | | | |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" 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 _____

DESCRIPTION OF WELL AND LEASE

| | | | | | |
|-----------------------------|---------------------|--------------------------------|---------------------------|-----------------------|------------------------------|
| Lease Name | Well No. | Puel Name, Including Formation | | Kind of Lease | Lease No. |
| Mesa Gallup Unit (Navajo C) | 1 | Gallup, Mesa | | State, Federal or Fee | Indian 1420603584 |
| Location | Unit Letter L : 660 | | Feet From The NW Line and | 2310 | Feet From The S |
| Line of Section | 24 | Township | 32N | Range | 18W, NMPM, San Juan County N |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | |
|---|--|--|----------|---|-------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Meridian | | P.O. Box 4289, Farmington, NM 87401 | | | |
| 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. | | Sec. 14 | Twp. 32N | Is gas actually connected? <input type="checkbox"/> | When <input type="checkbox"/> |
| | | SE/4 | SE/4 | 18W | |

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

COMPLETION DATA

| | | | | | | | | | |
|------------------------------------|-----------------------------|----------|----------|-----------------|----------|-------------------|--------------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE (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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Compressor Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | JUL 23 1990 Gas - MCF |

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| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Marvin J. Robinowitz, President

July 18, 1990
(Date)

OIL CONSERVATION COMMISSION
JUL 23 1990

APPROVED _____, 19_____
BY _____
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