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	GAS	
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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 1-1-88

Operator
GRAND RESOURCES Inc.

Address
2250 EAST 73RD ST. SUITE 400 TULSA, OK 74136

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	☐	Change in Transporter of	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of operator
and address of previous owner give name and address of previous owner **ARI-MEX OIL & EXPLORATION, INC. P.O. Box 249 Moab, UT 84532-0249**

DESCRIPTION OF WELL AND LEASE

Lease Name Navajo	Well No. 3	Pool Name, including Formation Mesa Gallup	Kind of Lease State, Federal or Fee BIA 14-20	Lease No. 603-583
Location Unit Letter A 945 Feet From The North Line and 750 Feet From The East Line of Section 15 Township 32N Range 18W NMPM, San Juan County, NM County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Meridian Oil Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289 Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 Sec. Twp. Rge. Is gas actually connected? When A 15 32N 18W No

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 Resv.	Drill. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.A.T.D.			
Elevations (DF, RKB, RT, GR, 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 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Gravimetric
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF
		JUN 26 1991	APR 25 1991

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jana Rae
(Signature)
Operations Manager
(Title)

OIL CONSERVATION COMMISSION
JUN 26 1991

APPROVED _____, 19____

BY **Supervisor**

TITLE **SUPERVISOR DISTRICT 13**

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 deviator 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, lease number, or transporter, or other such change of condition.