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DISTRIBUT	DISTRIBUTION SANTA FE			
SANTA FE				
FILE	FILE		_	
U.S.G.S.	U.S.G.S.			
LAND OFFICE	LAND OFFICE			
TRANSPORTER	OIL			
INANSFORTER	GAS			
OPERATOR	OPERATOR			
I. PRORATION OF	PRORATION OFFICE			
Operator	Operator			

III.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

i	FILE		AND	`		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS			
	TRANSPORTER GAS			1/C		
	OPERATOR					
1. PRORATION OFFICE Operator						
	Mesa Petroleum Co.					
Address 1660 Lincoln St., #2800 Denver, Colorado 80264						
	Reason(s) for filing (Check proper box,					
New Well X Change in Transporter of:						
Recompletion Oil Dry Gas Condensate Condensate						
	If change of ownership give name	N/A				
	DESCRIPTION OF WELL AND LEASE					
	Lease Name	Lease No. Well No. Pool Nam		State, Federal or Fee Federal		
	So. Blanco Fed. 6 NM 23050 1-4 Lybrook-Gallup State, Federal of Federal Confederation					
	Unit Letter A ; 33	m The E				
Line of Section 6 Township 23n Range 7w , NMPM, Rio Arriba						
[1]	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved topy of this folial is to be determined to the Address (Give address to which approved to the Address (Give address to the Address to the Address to the Address to the Address (Give address to the Address (Give address to the Address to th						
	Caribou Four Corners Inc. Name of Authorized Transporter of Casinghead Gas X or Dry Gas A		Box 26, Woods Cross, Utah 84087 Address (Give address to which approved copy of this form is to be sent)			
	Gas Co. of New Mexico		Box 1899, Bloomfield,			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually commercial.	When		
	give location of tanks.	A 6 23n 7w	NO No	N/A		
	COMPLETION DATA					
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Pring Buck Scine 1185 (1)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12/29/79	2/29/80	5750 ' Top Oil/Gas Pay	5713 ¹ Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Gallup	5428'	5698'		
	7013 GR	•		Depth Casing Shoe		
	5651-68; 5624-35; 5605-11; 5595-97; 5561-53; 5468-56; 5440-28' 5750' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8", 24#/ft.	304 ' KB	250 sxs. class "B"		
	7 7/8"	4 1/2", 10.5#/ft. 2 3/8"	5750' KB 5691' KB	1225 sxs. light "B". 50-50 Posmix		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load t	oil and must be equal to or exceed top allow		
OII. WELL Date First New Oil Run To Tanks Date of Test able for this depth or be for full 24 hours) Producing Method (Flow, pump, ga						
	3/1/80	4/20/80	Pump and flow	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure 55 psi	32/64"		
	24 hrs. Actual Prod. During Test	55 psi	Water-Bbls.	Gas		
	200 bb1	200 bb1	-0-	TOP MOED D		
				1000		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gray MAY COM. COM.		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure			
VI.	CERTIFICATE OF COMPLIAN	OIL CONSERVATION SMMLSBION				
	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.		APPROVED	, 19		
			Original Signed by Fig. 11 Y. CHAVEZ			
			TITLE SUPERVISOR PROTECTS 7			
			This form is to be filed in compliance with RULE 1104.			
			If this is a request for allowable for a newly drilled or deepened			
George S. Dixon (Signature) Div. Prod. Super. (Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	(D)ate)	Separate Forms C-104 must be filed for each pool in multip			
	5/1/80 vc. TIS Niv	Carnes, J. Archer, J. A				