-0. 02 (0"118 #[([]VED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		<u> </u>	L
Operator			
M = -	- D-4		

April 15, 1981

(Date)

Form C-104 Supersedes Old C-104 and C-11

FILE	KE GOEST T	Effective 1-1-65			
FILE		AND			
U.S.G.S.	AUTHORIZATION TO TRAF	ISPORT OIL AND NATURAL GAS			
LAND OFFICE		4			
TRANSPORTER OIL	4				
GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Mesa Petrole	cum Co.				
	C+ #2000 Donuon Colo	orado 80264			
1660 Lincolf	St., #2800 Denver, Colo	Other (Please explain)			
Reason(s) for filing (Check proper	•	Office (1 feate explana)			
New We!l	Change in Transporter of:	 ;			
Recompletion	Oil X Dry Gas	175 ,			
Change in Ownership	Casinghead Gas Condens	sate			
	_				
If change of ownership give name and address of previous owner_	N/A				
and bodyess or provided a second					
DESCRIPTION OF WELL A	ND LEASE		I.e.		
Lease Name	Lease No. Well No. Pool Nam	e, Including Formation	Kind of Lease		
So. Blanco Fed. 6	NM 23050 Lybro	ook-Gallup	State, Federal or Fee Federal		
Location					
^	330 Feet From The N Line	and 330 Feet From T	he E		
Unit Letter A;					
Lung of Section 6	Township 23n Range 7w	, NMPM, Rio Arr	iba County		
Line of Section 6	70411311111 7 7 1				
PROCESSATION OF TRANSP	ORTER OF OIL AND NATURAL GAS	s			
Name of Authorized Transporter o	OIL OIL AND NATURAL CALL	Address (Give address to which approv	ed copy of this form is to be sent)		
i		D O Roy 1193 Houston	o TV 77001		
Permian Corporation	Casinghead Gas X or Dry Gas	P. O. BOX 1183, HOUSTON	ed copy of this form is to be sent)		
Name of Authorized Transporter o	Casingnead Gas X 01 D.7 Gas 1				
Mesa Petroleum Co.		1660 Lincoln Street, #2			
If well produces oil or liquids,	Unit Sec. Twp. P.ge.				
give location of tanks.	: A : 6 : 23n : 7w	No			
If this production is commingle	i with that from any other lease or pool, a	give commingling order number:	_N/A		
COMPLETION DATA			Plug Back Same Resty. Diff. Resty.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Comp	etion – (A) X	<u> </u>			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
12/29/79	2/29/80	5750'	5713'		
Elevations (DF, RKB, RT, GR, et		Top Oil/Gas Pay	Tubing Depth		
1	Gallup	5428'	5698		
Perforations	<u> </u>		Depth Casing Shoe		
	651-68; 5624-35; 5605-11; 5595-97; 5561-53; 5468-56; 5440-28' 5750'				
5651-68; 5624-35; 50	TIBING CASING AND	CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE			250 sxs. class "B"		
12 1/4"	8 5/8", 24#/ft.	5750' VR	1225 sxs. light "B",		
7 7/8"	4 1/2", 10.5#/ft.	5691 ' KB	50-50 Posmix		
	2 3/8"	3031 KD	30 30 1031111		
. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be a)	fier recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top attou		
OIL WELL	uote joi titta de	Producing Method (Flow, pump, gas lij	(i, etc.)		
Date First New Oil Run To Tank	i i				
3/1/80	4/20/80 Tubing Pressure	Pump and flow Casing Pressure Choke Size			
Length of Test					
24 hrs	55 psi	55 psi Water-Bble.	32/04 Gas-MCF		
Actual Prod. During Test	Oil-Bbla.				
200 ЬЬ1	200 bb1	-0-	200 MCFD		
GAS WELL		Bbls. Condenade/MNCF	T		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		CIL OF THE REAL PROPERTY.			
Testing Method (pitot, back pr.)	Tubing Pressure	Cosing Pressure	Choke Size		
1			<u> </u>		
	IANCE	OIL CONSERVATION COMMISSION			
. CERTIFICATE OF COMPL	IANUE				
	APPROVED				
I hereby certify that the rules	and regulations of the Oil Conservation	onservation			
Commission have been complete to	ied with and that the information given o the best of my knowledge and belief.	BY. STORE OF TAX STORE AS 3			
		\$ 1788 kt/3 k F t + 1 F T T			
	TITLE				
This form is to be filed in compliance with RULE 1104.					
_ 18 W/1 1 1	and and an	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			
		II to ANI - form more he accompli	anied by a tabulation of the deviation		
	(Signature) Well, this form must be signature with RULE 111. Tests taken on the well in accordance with RULE 111.				

All sections of this form must be filled out completely for allow able 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