

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
PIR	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	

I. PRODUCTION OFFICE	
Operator Mesa Petroleum Co.	
Address 1660 Lincoln Street, Suite 2800, Denver CO 80264	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name So. Blanco 6,	Well No. #2	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 23050
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1660</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>23N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, NM 87417	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mesa Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 1660 Lincoln Street, Suite 2800, Denver CO 80264	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 6
	Twp. 23N	Rge. 7W
	Is gas actually connected? Yes	When 1/25/81

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12/1/80	Date Compl. Ready to Prod. 1/25/81		Total Depth 5750'		P.B.T.D. 5703'			
Elevations (D+ RT, GR, etc.) 6984' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5352'		Tubing Depth 5673'			
Perforations 5657, 54, 25, 21, 07, 5588, 85, 67, 49, 26, 11, 08, 06', 5412-18' & 5386-94'					Depth Casing Shoe 5745'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		269' KB		190 sxs Class "B"			
7 7/8"	7 7/8"		5745' KB		645 sxs 50-50 posmix			

V. 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 1/25/81	Date of Test 1/25/81	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 20 psi	Casing Pressure 40 psi	Choke Size 1 1/2" MCF
Actual Prod. During Test 110 bbls	Oil - Bbls. 110 bbls	Water - Bbls. -0-	COM. 110 MCF. 3

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Division Drilling Supervisor

January 26, 1981

OIL CONSERVATION DIVISION JAN 29 1981	
APPROVED _____, 19____	Original Signed by FRANK T. CHAVEZ
BY _____	SUPERVISOR DISTRICT # 3
TITLE _____	

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.