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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-110
Effective 1-1-65

Operator Mesa Petroleum Co.	
Address P. O. Box 2009, Amarillo, Tx. 79105	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Otero Federal	Well No. #5	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-011
Location Unit Letter <u>D</u> ; <u>1090'</u> Feet From The <u>FNL</u> Line and <u>790'</u> Feet From The <u>FWL</u>				583
Line of Section <u>23</u> Township <u>24N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Inland Corporation	P. O. Box 1528, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492 El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X						
Date Spudded 10/15/77	Date Compl. Ready to Prod. 12/15/77	Total Depth 6731'		P.B.T.D. 6703'					
Elevations (DF, RKB, RT, GR, etc.) 6531' RKB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6450'		Tubing Depth 6675'					
Perforations 6450'-6675' Overall		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14 3/4"	10 3/4"		305'		300 sxs				
8 3/4"	4 1/2"		6731'		485 sxs				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 2883	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (shut-in) 2361	Casing Pressure (shut-in) 2370	Choke Size 3/4"

VI. 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.

A. E. Dobler
(Signature)
Supervisor, Drilling and Production
(Title)
January 30, 1978
(Date)

NMOCC (5) J. Archer (1)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR

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.