

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator Mesa Petroleum Co.	
Address 1660 Lincoln Street, Suite 2800, Denver, CO 82064	
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name So. Blanco 31	Well No. #1	Pool Name, Including Formation Gallup <i>East</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM 33005
Location Unit Letter <u>G</u> ; <u>2290</u> Feet From The <u>North</u> Line and <u>2290'</u> Feet From The <u>East</u>				
Line of Section <u>31</u> Township <u>24N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	P. O. Box 1528, Farmington, NM 87417					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mesa Petroleum Co.	1660 Lincoln St., #2800, Denver, CO 80264					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 31	Twp. 24N	Rge. 7W	Is gas actually connected? No	When As soon as possible

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/15/80	Date Compl. Ready to Prod. 1/31/81	Total Depth 5750'		P.B. T.D. 5669'				
Elevations (DT, RT, GR, etc.) 6980' GL Ungraded	Name of Producing Formation Gallup	Top Oil/Gas Pay 5440'		Tubing Depth 5669'				
Perforations 5440-45', 5461-65', 5557-68', 5608-16', 5630-40'				Depth Casing Shoe 5743'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" csg		244'		200 sxs Class "B"			
7 7/8"	4 1/2" csg		5743'		400 sxs 65/35 posmix,			
	2 3/8" tbg		5669'		435 sxs 50/50 posmix			

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 2/11/81	Date of Test 2/11/81	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure 25 psi	Casing Pressure 25 psi	Choke Size N/A
Actual Prod. During Test 60 bbls	Oil-Bbls. 60	Water-Bbls. 0	Gas-MCF 60

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

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

February 24, 1981

OIL CONSERVATION DIVISION

APPROVED MAR 3 1981, 19_____
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE SUPERVISOR DISTRICT #3

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