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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.						AUTHORIZ FURAL GA			= 77	: 55	
Operator MESA OPERATING LIMIT	IG LIMITED PARTNERSHIP						Well A	PI No.	766	- V	
ddress P.O. BOX 2009, AMARILLO, TEXAS 79189						30-045-06674					
Reason(s) for Filing (Check proper box)	LLO, I	EXAS /	189		Crbs	r (Places emis	-:-1	<del></del>			
New Well		Change in	Transo	orter of:	U Oune	x (Please explo	iui)				
Recompletion	Oil		Dry G		ree	tive Dat	7/0	1 /00		İ	
Change in Operator	Casinghea	d Gas 🗌	Conde	nsate 🔯	Filec	tive bat	e: //u.	1/90			
If change of operator give name and address of previous operator				-							
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name FEDERAL	Name Well No. Pool Na			Name, Including Formation Blanco Mesaverde				Kind of Lease State, Federal or Fee		ease No.	
Location Unit LetterM	:99	0	Feet F	rom The	West Line	and 33	0 Fe	et From The _	South	Line	
Section 9 Township		27N	_	. 8W			San Juar	,			
Section 9 Township	<u> </u>	2 / N	Range	. OW	, NI	ирм,	san Juan		<del>-</del>	County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
GIANT REFINING CO.  Name of Authorized Transporter of Casinghead Gas or Dry Gas K					P.O. BOX 12999, SCOTTSDALE, AZ 85267  Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CO.					P.O. BOX 1492, EL PASO			, TX 79998			
If well produces oil or liquids, give location of tanks.	Unit M	<b>Sec.</b>	<b>Twp.</b> 27	Rge.   8	Is gas actually	y connected? es	When	7			
If this production is commingled with that if IV. COMPLETION DATA	from any oth	ner lease or	pool, gi	ive comming	ling order numl	per:					
Designate Type of Completion	- (X)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	L	<del></del>	
					T 244 8						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept	Tubing Depth		
Perforations						Depth Casing Shoe					
	TUBING, CASING AND					NG RECOR	D_	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					<del></del>	<u> </u>			
V. TEST DATA AND REQUES									fon 6.11 24 hav	ì	
OIL WELL (Test must be after recovery of total volume of load oil and must be after First New Oil Run To Tank Date of Test						ethod (Flow, po			or juii 24 nou	<i>ys.)</i>	
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure Choke Size					
Actual Prod. During Test	Oil - Bbis.				Water	Water MCF					
GAS WELL	_1	<u> </u>				JUL1	5 1990				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MICON. DIV			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Sharasa)			Choke Size			
(paos, cont. pr.)											
VI. OPERATOR 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 pry knowledge and belief.					OIL CONSERVATION DIVISION  Date Approved						
Caraly L. Mike						By 3.1) el /					
Signature Carolyn L. McKee, Regulatory Analyst Printed Name Title						SUPERVISOR DIS #3					
7/1/90	(806)	378-10	000	No	Inte				-	<del></del>	
Date		Tel	ephone	r\0.		·					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.