1	NO. OF COPIES RECEIVED	5			
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			
	SANTA FE	REQUEST FOR ALLOWABLE			
	FILE	AND			
	u.s.g.s.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL O			
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATORAL C			
	TRANSPORTER GAS				
	OPERATOR	API			
	PRORATION OFFICE				
•	Operator				
	Mesa Petro	eum Co.			
	Address				
	P.O. Box 2	009, Amarillo, TX 79189			
	Reason(s) for filing (Check				
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Condensate			
	If change of ownership give				
	and address of previous o	/ner			
	DESCRIPTION OF WE	T AND I CASE			
11.	DESCRIPTION OF WEI	Lease No. Well No. Pool Name, Including Formation			
		47 South Blanco (MV)			
	State Com	1 4/ 1 State Blanco (MV)			
	Foodilou	17/0 south 835			
	Unit Letter L	; 1760 Feet From The south Line and 835 Feet From			

27N

2

Date Compl. Ready to Prod.

Name of Producing Formation

8 5/8 20# H40

10/12/78

Mesaverde

98 net ft

CASING & TUBING SIZE

27N

Township

Unit

Τ.

<u>Total</u>

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Corporation
Authorized Transporter of Casinghead Gas

Line of Section

Inland

Name of Authorized Transporter of Oil

Designate Type of Completion - (X)

3944-4765

7/30/78

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

12 1/4

El Paso Natural Gas

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

5951 GR

Perforations

Range

8W

Gas Well

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS 30-045-22961 Kind of Lease State, Federal or Fee State west County San Juan Address (Give address to which approved copy of this form is to be sent) 2. O. Box 1528, Farmington, New Mexico 874
Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978 If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. Plug Back P.B.T.D. 4808 Tubing Depth 2 1/16" @ 4583 Depth Casing Shoe 4817 SACKS CEMENT

, NMPM,

Is gas actually connected?

Workover

4830

3944

DEPTH SET

218

No

New Well

X Total Depth

Top Oil/Gas Pay

7 7/8	5 1/2 <u>14# K55</u>	4817	1000
	2 1/16	4583	
	1 1/4	2368	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test mu able for	this depth or be for full 24 hours)	load oil and must be equal to or exceed top allo
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gra-MCF

TUBING, CASING, AND CEMENTING RECORD

GAS WELL			Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Charth of Coudevante	
2112 F/D	3 hrs.	0		
3112 mcf/D Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
			3 //:"	
Pitot	254 psi			
CERMITICATE OF COMPLIA	NCF	OIL CONSER	OIL CONSERVATION COMMISSION	

VI. CERTIFICATE OF COMPLIANCE

NMOCC (5), J. Archer

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.

(Fund nout
(Signature)
Staff Engineer
November 6, 1978
(Date)

DEC 1 1 1978 Original Signed by A. R. Kendrick SUPERVISOR DIE

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.

-	NO. OF COPIES RECEIVED			
	DISTRIBUTION			
	SANTA FE			
-	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	ō		
		GAS		
	OPERATOR			
	PRORATION OFFICE			
-	Operator			
	Mesa Petroleum			
	Address			
	P.O.	Box	200	9,
	December (a) for filing	Check	rone.	horl

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /		AND		
-	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	72	
ŀ	OIL /				
	TRANSPORTER GAS			API 30-045-22961	
	OPERATOR			ART.	
1.	PROPATION OFFICE				
	Operator	_			
	Mesa Petroleum Address	<u>Co.</u>			
		A			
ŀ	P.O. Box 2009, Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas	· <u> </u>	Į.	
	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name				
	and address of previous owner				
31	DESCRIPTION OF WELL AND I	EASE			
•••	Lease Name	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease	
	State Com	47 Sout	h Blanco (PC)	State, Federal or Fee State	
	Location		,		
	Unit Letter L ; 176	O Feet From The South Line	e and 835 Feet From T	he <u>West</u>	
	2	mship 27N Range	8W , NMPM, Sa	n Juan County	
	Line of Section 2 Tow	mship 27N Range	Sw. , same, Sa	<u> </u>	
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S		
~	Name of Authorized Transporter of Oil	or Condensate 🔼	Address (Give address to which approve		
	Inland Corporation		P. O. Box 1528, Farmingt Address (Give address to which approve		
	Name of Authorized Transporter of Cas	· ·			
	El Paso Natural Gas	Unit Sec. Twp. P.ge.	P.O. Box 1492, El Paso, Is gas actually connected? When	TX 79978	
	If well produces oil or liquids, give location of tanks.	L 2 27N 8W	No		
	<u> </u>	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
			X Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	4830	4808	
	7/30/78 Elevations (DF, RKB, RT, GR, etc.)	10/12/78 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	5951' GR	Pictured Cliffs	2252	Produces up annulus	
	Perforations			Depth Casing Shoe	
	2252-2296 Total 14	net ft.		4817	
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8 5/8 20# H40	218	150	
	12 1/4 7 7/8	5 1/4 14# K55	4817	1000	
	, ,, 0	2 1/16	4583		
		1 1/4	2368		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	Date hist New Oil Min 10 1 min				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Stze	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
			<u> </u>		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	400 mcf/D	3 hrs.	0	0	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
	Pitot	20psi	~	3/4"	
VI	CERTIFICATE OF COMPLIAN	CE		TION COMMISSION	
			APPROVED DEU 1	1 19/8 , 19	
	I hereby certify that the rules and	ereby certify that the rules and regulations of the Oil Conservation mission have been complied with and that the information given		AFFROVED	
	above is true and complete to the	e best of my knowledge and belief.	BY		
			TITLE SUPERVISOR DIST. #3		
			ll en		
	Find (Mysel) (Signature)		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.		
	/	Staff Engineer		et he filled out completely for allow-	
	(T	itle)	able on new and recompleted we	ells.	
	November	- 6, 1978	Fill out only Sections I. I well name or number, or transpor	 III, and VI for changes of owner, ter, or other such change of condition. 	
	- (D	ate)	III was round as remarks as a second		

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

November 6, 1978

NMOCC (5) J. Archer

NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS API 30-045-22961 OPERATOR PRORATION OFFICE Operator Mesa Petroleum Co. Address P.O. Box 2009, Amarillo, TX 79189 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas Recompletion Oil Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE PoolName, Including Formation Kind of Lease Lease No. State, Federal or Fee South Blanco (Chacra) State Com 835 1760 Feet From The South Line and Feet From The ___ , NMPM, 8W 27N_ Range San Juan Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

or Condensate 💢

Twp.

27N

Sec.

2

Date Compi. Ready to Prod.

Name of Producing Formation

Chacra

Total 6 net ft.

CASING & TUBING SIZE

14# K55

H40

20#

2 1/16

1/4

5/8

1/4

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

Tubing Pressure

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.

(Signature)

<u>Staff Engineer</u> (Title)

November 6, 1978

could not test

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

Oil Well

Rge.

8W

and Corporation
of Authorized Transporter of Casinghead Gas or Dry Gas 🔀

Unit

L

Name of Authorized Transporter of Oil

El Paso Natural Gas

Designate Type of Completion - (X)

3222-3232

V. TEST DATA AND REQUEST FOR ALLOWABLE

7/30/78

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

12 1/4

Date First New Oil Run To Tanks

7/8

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

5951' GR

Perforations

OIL WELL

Length of Test

GAS WELL

Shut-in

Actual Prod. During Test

Actual Prod. Test-MCF/D

Well loaded up

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

NMOCC (5), J. Archer

4817 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT 150 218 1000 4817 4583 (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) Producing Method (Flow, pump, gas lift, etc.) Choke Size Casing Pressure Water - Bbls. Gravity of Condensate Bbls. Condensate/MMCF Choke Size Casing Pressure OIL CONSERVATION COMMISSION าคา 1 1 1978 APPROVED By Original Signed by A. R. Kendrick SUPERVISOR DIST. 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.

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1528, Farmington, New Mexico 87
Address (Give address to which approved copy of this form is to be sent)

TX

P.B.T.D.

Tubing Depth

79189

Plug Back | Same Res'v. Diff. Res'v.

4808

1 1/4" @ 2368

Depth Casing Shoe

2009, Amarillo,

Box

No

Workover

4830

3222

New Well

X Total Depth

Top Oil/Gas Pay

State

County