Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| •   | Т   | OTRA  | NSP                         | OHT OIL.                     | AND NAT               | URAL GA                            | S          |   |                             |              |  |  |
|---|---|---|-----------------------------|------------------------------|-----------------------|------------------------------------|------------|---|-----------------------------|--------------|--|--|
| Operator MESA OPERATING LIMIT   |   |   | 045-22961                   |                              |                       |                                    |            |   |                             |              |  |  |
| Address<br>P.O. BOX 2009, AMAR  | ILLO TE   | XAS 79  | 9189                        |                              | •                     |                                    |            |   |                             |              |  |  |
| Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator   | Oil<br>Casinghead   |   | Transpo<br>Dry Ga<br>Conder | u 🗆                          |                       | r <i>(Please expla</i><br>tive Dat |            | 01/90                                       |                             |              |  |  |
| change of operator give name  |   |   |                             |                              |                       |                                    |            |   |                             |              |  |  |
| I. DESCRIPTION OF WELL  | AND LEA   | SE  |                             |                              | _                     |                                    |            |   |                             |              |  |  |
| Lease Name<br>STATE COM   |   | Well No.   Pool Name, Including Formation   47   S   Blanco Pictured Cliffs |                             |                              |                       |                                    |            | Kind of Lease State, Federal or Fee  E 9224 |                             |              |  |  |
| Location Unit LetterL   | : 1760  | )   | . Feet F                    | rom The SC                   | outh Line             | e and83                            | 3.5        | Feet From The                               | west                        | Line         |  |  |
| Section 2 Townshi   | 27N   |   | Range                       | 8W                           | , NI                  | мрм,                               | San .      | Juan  |                             | County       |  |  |
| II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil   | SPORTE  | R OF O  |                             | ID NATUI                     |                       |                                    | L:-L       | and a sum of this                           |                             |              |  |  |
| GIANT REFINING CO.  |   | or collect  | 1 mate                      | X                            |                       |                                    |            |   | form is to be se<br>AZ 8526 | -            |  |  |
| Name of Authorized Transporter of Casin<br>EL PASO NATURAL GAS Co   | Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved cop |   |                             |                              |                       |                                    |            |   |                             |              |  |  |
| If well produces oil or liquids, give location of tanks.  | Unit L  | <b>Sec.</b> 2   | Twp. 27                     | Rge.                         | ls gas actuali<br>Ye: | y connected?<br>S                  | Wh         | en ?<br>9/24                                | 9/24/ 78                    |              |  |  |
| If this production is commingled with that  | from any oth  | er lease or   | pool, g                     | ive commingli                | ing order num         | ber.                               |            |   |                             |              |  |  |
| V. COMPLETION DATA  Designate Type of Completion  | - (X)   | Oil Wel   | 1                           | Gas Well                     | New Well              | Workover                           | Deeper     | Plug Baci                                   | Same Res'v                  | Diff Res'v   |  |  |
| Date Spudded  | Date Com  | pi. Ready t   | o Prod.                     |                              | Total Depth           | <u>l.,.</u>                        | 1          | P.B.T.D.                                    | P.B.T.D.                    |              |  |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of P   | roducing F  | omatio                      | <b>a</b>                     | Top Oil/Gas           | Pay                                |            | Tubing De                                   | Tubing Depth                |              |  |  |
| Perforations  | <u> </u>  |   |                             |                              | <u> </u>              |                                    |            | Depth Cas                                   | sing Shoe                   | <del></del>  |  |  |
|   | 1   | TUBING  | . CAS                       | ING AND                      | CEMENTI               | NG RECOR                           | <b>D</b>   |   |                             |              |  |  |
| HOLE SIZE   | HOLE SIZE CASING & TUBING SIZE  |   |                             |                              |                       | DEPTH SET                          |            |   | SACKS CEMENT                |              |  |  |
|   |   |   |                             |                              |                       |                                    |            |   |                             |              |  |  |
| V. TEST DATA AND REQUE  | ST FOR A  | ALLOW   | ABLI                        | <u> </u>                     |                       |                                    |            |   |                             | -            |  |  |
| OIL WELL (Test must be after Date First New Oil Run To Tank   | Date of Te  |   | e of load                   | d oil and must               |                       | r exceed top al<br>Method (Flow, p |            |   | e for full 24 ho            | ers.)        |  |  |
| Length of Test  |   |   |                             |                              | Casing Price          | Mre & Un 1                         | <u> </u>   | Choke Si                                    | Choke Size                  |              |  |  |
|   | I doing Fr  | Tubing Pressure   |                             |                              |                       |                                    | ``.        | 64 16                                       | Gát MCF                     |              |  |  |
| Actual Prod. During Test  | Oil - Bbls  | -   | <u>-</u>                    |                              | Water - Bbl           | JUL2                               | 3 1990<br> | Gas MC                                      |                             | <del>.</del> |  |  |
| GAS WELL  |   | _   |                             |                              | (                     | DIT CO                             | N. D       |   | (C1                         |              |  |  |
| Actual Prod. Test - MCF/D   | Length of   | Length of Test  |                             |                              |                       | mate/MDS                           | Г. З       | Gravity                                     | Gravity of Condensate       |              |  |  |
| Testing Method (puot, back pr.)   | Tubing Pr   | Tubing Pressure (Shut-in)   |                             |                              |                       | isure (Shut-in)                    |            | Choke S                                     | ZE                          |              |  |  |
| VI. OPERATOR CERTIFICATION OF THE PROPERTY OF |   |   |                             |                              |                       | OIL CO                             | NSEF       | RVATIO                                      | N DIVISI                    | ON           |  |  |
| Division have been complied with an is true and complete to the best of m   |   |   | iven abo                    | ove                          | Dat                   | te Approv                          | ed         | JUL 2                                       | 5 1990                      |              |  |  |
| Caula F. Malee  |   |   |                             |                              | By 3 0                |                                    |            |   |                             |              |  |  |
| Signature Carolyn L. McKee, Regulatory Analyst Printed Name Title   |   |   |                             | Title SUPERVISOR DISTRICT /3 |                       |                                    |            |   |                             |              |  |  |
| 7/1/90<br>Date  | (806)   | 378-1   |                             |                              |                       | ⊌                                  |            |   |                             |              |  |  |
|   |   |   |                             |                              | 11                    |                                    |            |   |                             |              |  |  |

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.

Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

| I.  | REQUEST FO              | OR ALLOWAB<br>INSPORT OIL |  |  |   |                            |                        |              |  |  |
|---|-------------------------|---------------------------|--|--|---|----------------------------|------------------------|--------------|--|--|
| Operator MESA OPERATING LIMITED PARTNERSHIP                         |                         |                           |  |  |   | Well API No. 30-045- 22961 |                        |              |  |  |
| Address<br>P.O. BOX 2009, AMARI                                     | LLO TEXAS 79            | 9189                      |  | 1  |   |                            |                        |              |  |  |
| Reason(s) for Filing (Check proper box)                             |                         |                           | Other  | (Please explain  | 3)  |                            |                        |              |  |  |
| New Well  | Change in               | Transporter of:           |  | (, , , , , , , , , , , , , , , , , , ,   | "   |                            |                        |              |  |  |
| Recompletion  Change in Operator                                    | Oil  Casinghead Gas     | Dry Gas Condensate XX     | Effect                                       | ive Date   | : 7/01  | ./90                       |                        |              |  |  |
| If change of operator give name<br>and address of previous operator |                         |                           |  |  | <u> </u>                                      |                            |                        |              |  |  |
| II. DESCRIPTION OF WELL A   | AND LEASE               |                           |  |  |   |                            | _,,                    |              |  |  |
| Lease Name  | Well No.                | Pool Name, Includir       | g Formation                                  |  |   | Lease                      | 1                      | ase No.      |  |  |
| STATE COM   | 47                      | Blanco M                  | esaverde                                     | !  | State, I                                      | ederal or Fee              | E9224                  |              |  |  |
| Unit LetterL  | :1760                   | Feet From The             | outh<br>Line                                 | 835 <sub>.</sub>   |   | t From The                 | west                   | Line         |  |  |
| Section 2 Township  | 27N                     | Range 8V                  | J , NIM                                      | ГРМ,   | San   | Juan                       |                        | County       |  |  |
| III. DESIGNATION OF TRANS   | SPORTER OF O            | II. AND NATIII            | RAT. GAS                                     |  |   |                            |                        |              |  |  |
| Name of Authorized Transporter of Oil                               | or Conder               |                           |  | address to whi   | ch approved                                   | copy of this fo            | orm is to be se        | rd)          |  |  |
| GIANT REFINING CO.  |                         |                           | P.O. BO                                      | X 12999,   | SCOTTS  | DALE, A                    | Z 85267                | ,            |  |  |
| Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO     |                         | or Dry Gas                | Address (Give<br>P.O. BC                     | Address to which is the second of the second | ch approved<br>EL PASO                        | copy of this fo            | orm is to be se<br>998 | rd)          |  |  |
| If well produces oil or liquids,<br>give location of tanks.         | Unit Sec.               | Twp.   Rge.   27   8      | is gas actually<br>Ye                        |  | When  | <del>?</del><br>9/24/78    | 3                      |              |  |  |
| If this production is commingled with that f  IV. COMPLETION DATA   | rom any other lease or  | pool, give comming        |  |  |   |                            |                        |              |  |  |
| Designate Type of Completion -                                      | Oil Well                | Gas Well                  | New Well                                     | Workover   | Deepen  | Plug Back                  | Same Res'v             | Diff Res'v   |  |  |
| Date Spudded  | Date Compl. Ready to    | o Prod.                   | Total Depth                                  |  |   | P.B.T.D.                   | ·                      | _ <b>L</b>   |  |  |
| Elevations (DF, RKB, RT, GR, etc.)                                  | Name of Producing F     | omation                   | Top Oil/Gas F                                | , ay   | <del> </del>                                  | Tubing Dep                 | th                     |              |  |  |
| Perforations  | <u> </u>                |                           |  |  |   | Depth Casing Shoe          |                        |              |  |  |
|   | TUBING                  | . CASING AND              | CEMENTI                                      | NG RECORT  | <u>,                                     </u> |                            | <del> </del>           | <del></del>  |  |  |
| HOLE SIZE   | CASING & T              |                           | DEPTH SET                                    |  |   | SACKS CEMENT               |                        |              |  |  |
|   |                         |                           |  |  |   |                            |                        |              |  |  |
|   |                         |                           |  |  |   |                            |                        |              |  |  |
| V. TEST DATA AND REQUES   | T FOR ALLOW             | ABLE                      |  | <del></del>  |   |                            |                        |              |  |  |
|   | ecovery of total volume |                           | be equal to or                               | exceed top allo  | wable for thi                                 | s depth or be              | for full 24 hou        | <b>75</b> .) |  |  |
| Date First New Oil Run To Tank                                      | Date of Test            |                           | Producing Me                                 | thod (Flow, pu   | mp, gas lift, e                               | etc.)                      |                        |              |  |  |
| Length of Test  | Tubing Pressure         |                           | Casps Fresh                                  | oni  |   | Choke Size                 |                        |              |  |  |
| Actual Prod. During Test  | Oil - Bbls.             |                           | Water ABbls                                  |  |   | Gas- MCF                   |                        |              |  |  |
| GAS WELL  | <u> </u>                |                           | <u>.                                    </u> | <u>UL2 3 19</u>  | 5 <b>U</b>                                    |                            | <del></del>            |              |  |  |
| Actual Prod. Test - MCF/D   | Length of Test          | <del></del>               | Bbis. Con                                    | CGA.   | DIV.  | Gravity of                 | Condensate             | <del></del>  |  |  |
|   |                         |                           |  | DIST. 9  |   |                            |                        |              |  |  |
| Testing Method (pilot, back pr.)                                    | Tubing Pressure (Shi    | ш-m)                      | Casing Press                                 | ure (Shut-in)  |   | Choke Size                 | ;                      | ,            |  |  |

## VL 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 in this and complete to the best of the providing and belief

is true and complete to the best of my knowledge and belief.

Signature

Line and complete to the best of my knowledge and belief.

Signature
Carolve L. McKee, Regulatory Analyst
Printed Name
7/1/90 (806) 378-1000

Date Telephone No.

## OIL CONSERVATION DIVISION JUL 2 5 1990

Date Approved

By Bul Chang

SUPERVISOR DISTRICT #3

Title\_

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 1980, Hobba, NM 88240
DISTRICT II
P.O. Drawer DD, Ariesia, NM 88210

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| \  |   | I O I ITIA                              | 11401       | CITI OIL         | אוזט וואו                        | UNAL GA                   |              | 4 D/ N   |                |  |  |  |
|--|---|---|-------------|------------------|----------------------------------|---------------------------|--------------|--|----------------|--|--|--|
| Operator MESA OPERATING LIMITED PARTNERSHIP  |   |   |             |                  |                                  |                           |              | Well API No.<br>30-045.23961                               |                |  |  |  |
| ddress<br>P.O. BOX 2009, AMARI   | LLO T   | EXAS 7                                  | 9189        |                  | ·· ····-                         |                           | 1            |  |                | <u>·                                      </u> |  |  |
| eason(s) for Filing (Check proper box)   |   |   |             |                  | Othe                             | t (Please expia           | iún)         |  | <del></del>    |  |  |  |
| lew Well   |   | Change in                               | Transpo     | orter of:        | _                                | •                         | •            |  |                |  |  |  |
| ecompletion  | Effective Date: 7/01/90   |   |             |                  |                                  |                           |              |  |                |  |  |  |
| hange in Operator Casinghead Gas Condensate  |   |   |             |                  | Ellec                            | tive bat                  | e: //        | J1/90  |                |  |  |  |
| change of operator give name ad address of previous operator   |   |   |             |                  |                                  |                           |              |  |                |  |  |  |
| L DESCRIPTION OF WELL  | AND LE  |   |             |                  |                                  |                           |              |  |                |  |  |  |
| STATE COM  |   | Well No.   Pool Name, Including 47 Oter |             |                  | i <b>g Formation</b><br>o Chacra | <b>a</b>                  | 1            | l of Lease<br>e, Federal or Fee                            |                | <b>24</b>                                      |  |  |
| ocation  |   | 1                                       | <del></del> |                  |                                  |                           | -1           |  |                |  |  |  |
| Unit LetterL   | _ :1  | 760                                     | _ Feet F    | from The S       | outh Line                        | and 835                   | ·            | Feet From The _  | west           | Line   |  |  |
| Section 2 Townshi  | p 2   | 7 N                                     | Range       | . 8W             | , NI                             | мрм,                      | Sa           | n Juan   |                | County   |  |  |
| II. DESIGNATION OF TRAN  | SPORTE  | R OF O                                  |             |                  | RAL GAS                          | •                         |              |  |                |  |  |  |
| lame of Authorized Transporter of Oil  |   | or Conde                                | nsate       | X                | li .                             |                           |              | ed copy of this fo   |                |  |  |  |
| GIANT REFINING CO.   | cheed Cor   |   |             | · Coo CTC        |                                  |                           |              | TSDALE, A  |                |  |  |  |
| EL PASO NATURAL GAS CO   | of Authorized Transporter of Casinghead Gas or Dry Gas X PASO NATURAL GAS CO. |   |             |                  |                                  |                           |              | pproved copy of this form is to be sent)<br>PASO, TX 79998 |                |  |  |  |
| f well produces oil or liquids,<br>ive location of tanks.  | Unit<br>L   | Sec.                                    | Twp. 27     | Rge.             | Is gas actually connected? Yes   |                           |              | When? 9/24/7   |                |  |  |  |
| this production is commingled with that  | from any or   | her lease or                            | pool, g     | ive comming      | ing order num                    | ber:                      |              |  |                |  |  |  |
| V. COMPLETION DATA   |   | Oil Wel                                 | , I         | Gas Well         | New Well                         | Workover                  | Deepen       | Dina Bash  | Same Res'v     | Diff Res'v                                     |  |  |
| Designate Type of Completion   | - (X)   | l l                                     | "           | Cas well         | New Wear                         | WOIZOVEI                  | Dupes        | i riug Dack  | Same Res       | Din Resv                                       |  |  |
| Date Spudded   | Date Con  | Date Compi. Ready to Prod.              |             |                  |                                  | <del>1</del>              |              | P.B.T.D.   |                |  |  |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of   | Producing F                             | onnatio     | 20               | Top Oil/Gas                      | Pay                       |              | Tubing Depth   |                |  |  |  |
| Perforations   |   |   |             |                  | 1                                |                           |              | Depth Casing Shoe  |                |  |  |  |
|  |   |   |             |                  |                                  |                           |              | <u> </u>   |                |  |  |  |
|  | ·   |   |             |                  | CEMENTI                          | NG RECO                   |              | <del></del>  |                |  |  |  |
| HOLE SIZE CASING & TUBING  |   |   |             | G SIZE DEPTH SET |                                  |                           | <u> </u>     | SACKS CEMENT   |                |  |  |  |
| <del></del>  | +   | ·                                       |             |                  |                                  |                           |              |  |                |  |  |  |
|  |   |   |             |                  |                                  |                           |              |  |                |  |  |  |
| TECT DATA AND DECLE  | CT FOR  | ALLOW                                   | /A DI       | <u> </u>         | 1                                |                           |              |  |                |  |  |  |
| V. TEST DATA AND REQUE OIL WELL (Test must be after  |   |   |             |                  | i he emial to a                  | e exceed top al           | liowable for | this depth or be   | for full 24 ho | urs.)  |  |  |
| Date First New Oil Run To Tank   | Date of T   |   | - U, .CE    |                  |                                  | lethod (Flow, p           |              |  |                |  |  |  |
|  |   |   |             |                  | $f_i$                            |                           |              | ا الله الله الله الله الله الله الله ال                    |                |  |  |  |
| Length of Test   | Tubing P  | Tessure                                 |             |                  | Casing Tra                       | ure                       | -            | Choke Size   |                |  |  |  |
| Actual Prod. During Test   | Oil - Bbl   | s.                                      |             |                  | Water - Bbis. JUL 2 3 155        |                           |              | Gas- MCF   |                |  |  |  |
| <u> </u>   |   |   |             |                  |                                  |                           |              |  |                |  |  |  |
| GAS WELL   |   |   |             |                  |                                  |                           | N. 61        |  | Continue       |  |  |  |
| Actual Prod. Test - MCF/D  | Length o  | x Test                                  |             |                  | Bbis. Condensate M. 9181. 3      |                           |              | Gravity of Condensate                                      |                |  |  |  |
| Testing Method (pitot, back pr.)   | Tubing I  | Tubing Pressure (Shut-in)               |             |                  |                                  | Casing Pressure (Shut-in) |              |  | e              | <del></del>                                    |  |  |
| VL OPERATOR CERTIFIC   | CATEC   | F COM                                   | TPT TA      | NCF              | 1                                | <del></del>               |              |  |                |  |  |  |
| I hereby certify that the rules and reg  |   |   |             |                  |                                  | OIL CO                    | NSER         | VATION   | DIVISI         | ON   |  |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |   |   |             |                  | Date ApprovedJUL 2 5 1990        |                           |              |  |                |  |  |  |
| Carolin h.   | M   | nho                                     | o           |                  | Dat                              | e Approv                  | eu           |  | _1             |  |  |  |
| Signature  | Pa = 1  | me.                                     |             |                  | Ву.                              |                           |              | <u></u>  | Charact        | <u></u>  |  |  |
| Carolyn L. McKee, Printed Name   |   |   | Title       |                  | Titl                             | e                         | SI           | PERVISOR   | DISTRIC        | T #3   |  |  |
| 7/1/90<br>Date   | (806)   | ) 378-:<br>T                            | elephon     | e No.            |                                  |                           |              |  |                |  |  |  |
|  |   |   |             |                  | 11                               |                           |              |  |                |  |  |  |

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.