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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

## DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS   Well API No.   Bo - 045 - 07090	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				LE AND A						
Maries   P.O. BOX 2009, AMARILLO, TEXAS 79189		ТО	TRANSPO	ORT OIL	AND NAT	JRAL G		PI No.	<del>, -</del>		
Rescon(s) for Filing (Check proper box)  New Well	MESA OPERATING LIMI	OPERATING LIMITED PARTNERSHIP					30-045-07090				
Change in Operator   Casinghead Gas   Condensate   Effective Date: 7/01/90		ILLO, TEXA	S 79189								
Recompletion		Cha	nge in Transpo	where of:	Other	(Please exp	lain)				
Casinghead Gas					Effect	ive Da	ta: 7/01	/90			
A condensate of Authorized Transporter of Casinghead Gas  EL Section 1 Authorized Transporter of Casinghead Gas  EL PASO NATURAL GAS CO.  If well production is committingled with that from any other lease or pool, give committing in growth of tanks.  A 34 28 9 Yes  If this production is committingled with that from any other lease or pool, give committing of tanks (DF, RKB, RT, GR, etc.)  Name of Producing Formation  TUBING, CASING AND CEMENTTING RECORD  HOLE SIZE  CASING & TUBING SIZE  CASING & TUBING SIZE  CASING & TUBING SIZE  CIT must be agenal to or exceed top allowable for this depth or be for full 24 hours.)		Casinghead Gar	s Conden	sate 🔯	Effect						
Lease Name			<del></del>							<del></del>	
BLANCO WASH FEDERAL  2 Basin Dakota  State, Federal or Fee 3420-0  Location  Unit Letter A : 400' Feet From The North Line and 860' Feet From The East  Section 34 Township 28N Range 9W , NMPM, San Juan Cou  HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)  GLANT REFINING CO.  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.  F.O. BOX 12999, SCOTTSDALE, AZ 85267  Address (Give address to which approved copy of this form is to be sent)  F.O. BOX 1492, EL PASO, TX 79998  LI well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?  Yes  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)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Gest 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.)				<del> </del>	<del></del>		77: 1	61		N-	
Unit Letter A : 400   Feet From The North Line and 860   Feet From The East  Section 34 Township 28N Range 9W , MMPM, San Juan Cout  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  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. P.O. BOX 12999, SCOTTSDALE, AZ 85267  Name of Authorized Transporter of Casinghead Gas Or Dry Gas 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, Unit Sec. Twp. Rge. Is gas actually connected? When?  give location of tanks. A 34 28 9 Yes   If this production is commingled with that from any other lesse 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 Resv   Diff is    Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.    Elevations (DF, RKB, RT, GR, etc.)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Perforations   TUBING, CASING AND CEMENTING RECORD    HOLE SIZE   CASING & TUBING SIZE   DEPTH SET   SACKS CEMENT    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.)	( <del></del>		. 1								
Section 34 Township 28N Range 9W , NMPM, San Juan Could III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil	Location						<u> </u>				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate	Unit Letter A	:400 <b>'</b>	Feet Fr	rom The No	rth Line	nd 860	Fee	et From The	East	Line	
Name of Authorized Transporter of Oil	Section 34 Townsi	Section 34 Township 28N Rans			ange 9W , NMPM, San			Juan County			
Name of Authorized Transporter of Oil	III. DESIGNATION OF TRA	NSPORTER C	F OIL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Casinghead Gas	Name of Authorized Transporter of Oil	nme of Authorized Transporter of Oil or Condensate X				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.  A 34 28 9 Yes  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)  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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.)											
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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.)	HOLE SIZE							SACKS CEMENT			
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	V. TEST DATA AND REQUI	EST FOR ALL	OWABLE	l ail and must	he equal to or	reed ton a	llowable for thi	s depth or he t	for full 24 hou	rs.)	
l i			vocame of toda	- Ou Grea musi	Producing Met	hod (Flow,	pump, gas lift, e	etc.)		<del></del>	
Length of Test Tubing Pressure Casing Pressure Choke Size	Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			līn.		
Actual Prod. During Test Oil - Bbls. Water - Bbls.	Actual Prod. During Test	Oil - Bbls.			<b>U</b> \(\frac{1}{2}\)			G MCF			
GAS WELL JUL 1 6 1990	GAS WELL	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del>-</del>	JUL1	6 1990				
Actual Prod. Test - MCF/D Length of Test  Bbls. Condensate  Bbls. Condensate  CON: DIVERSITY OF Condensate		Length of Test			Bbls. Condenses (MIXEON: DIV			Gravity of Condensate			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-PIST. 3  Choke Size	Testing Method (pitot, back pr.)	Tubing Pressur	re (Shut-in)		Casing Pressure (Shut DIST. 3			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation  OIL CONSERVATION DIVISION	· <del>- ·</del>			NCE	C	OIL CC	NSERV	ATION	DIVISIO	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 Approved  JUL 16 7990	Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved					

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

Title (806) 378-1000

Telephone No.

Carolyn L. McKee,

Printed Name 7/1/90

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

By\_

Title.

SUPERVISOR DISTRICT #3