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

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	REQ	JEST FO	OR ALL	OWAE	LE AND	AUTHORI TURAL G	ZATION				
TO TRANSPORT OIL AND NATURAL GA MESA OPERATING LIMITED PARTNERSHIP							i Well API No				
Address P.O. BOX 2009, AMARILLO TEXAS 79189						30-045-07647					
Reason(s) for Filing (Check proper box)	TEEC 1		7109		Oth	es (Please exp	lain)				
New Well Recompletion	Oil	Change in	Transporte Dry Gas	a of:		a (r iewe espi	(101A)				
Change in Operator	Casinghe	ad Gas 🔲	Condensa	u [X]	Effec	tive Dat	te: 7/0	01/90			
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	~									
STATE COM G		Well No. Pool Name, Includi 2 Blanc						of Lease Lease No. Federal or Fee			
Location		1.650									
Unit LetterL	_ :	1650	Feet From	The $\frac{s}{}$	outh Lin	c and	990 F	eet From The _	we	st Line	
Section 32 Townsh	i p 291	<u>N.</u>	Range	8W	, N	мрм,	San S	Juan		County	
III. DESIGNATION OF TRAI	NSPORT	ER OF O	IL AND	NATUI	RAL GAS						
CLANT REFINING CO. Or Condensate X Address (Give address to which approved copy of this form									rm is to be sent	, 	
Name of Authorized Transporter of Cana	or Dry Gas XINTERRA GAS GATHERING CO.										
If well produces oil or liquids,					P.O. 1	30X 2640C	, ALBUQ	UERQUE, N	NM 87125	<i>,</i> 	
pive location of tanks.	L	32	29	8	Ye.	_	Whe	n ?			
If this production is commingled with that IV. COMPLETION DATA	from any or	her lease or	pool, give	commungi	ing order num	ber:					
Designate Type of Completion	~~	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded		ipl. Ready to	o Prod.	 -	Total Depth	<u> </u>	<u>i </u>	1		L RETV	
					·	P.B.1.D.					
					Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations					<u> </u>			Depth Casin	Depth Casing Shoe		
		TUBING.	CASINO	G AND	CEMENTI	NG RECO	PD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
					·				· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T	total volume	of load oil	and must	be equal to or	exceed top al	lowable for th	ais depth or be j	for full 24 hours	.)	
	Date of Fea					lethod (Flow, p		esc.)			
Length of Tes	Tubing Pressure				Casing Pressure.			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bola JUL 2 3 1890			Gas- MCF			
GAS WELL		- -		 -				-			
Actual Prod. Test - MCF/D						OIL CON. DIV.			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubian										
metrica (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	sure (Shut-ia)	-	Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIAN(CE	\ <u></u>			447.01	-		
I hereby certify that the rules and regularized bave been complied with an	d that the inf	OFFICE STATES	rvation ven above			OIL CO	NSER	AHON	DIVISIO	N	
is true and complete to the best of my imowledge and belief.					Date	e Approv	ed _	JUL 2	5 1990		
Carolin K. Make					A						
Signature Carolan L. McKee,	Regulat	DEV An	alve+		By_		-3.	→) €	the state of the s		
Printed Name 7/1/90		378-1	Title		Title) _	SUP	ERVISOR	DISTRICT	#3	
Date	(000)		lenhane No								

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 processor or other such changes