

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Mesa Petroleum Co.	
Address 1660 Lincoln Street, #2800, Denver, CO. 80264	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com 0	Well No. 11	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. E-5226, E-3671, E-5113, E-1202
Location Unit Letter G : 1540 Feet From The N Line and 1675 Feet From The E				
Line of Section 16 Township 29N Range 8W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Pasa Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit : G Sec. : 16 Twp. : 29N Rge. : 8W Is gas actually connected? Yes When

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D <sub>h</sub> , V, 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)

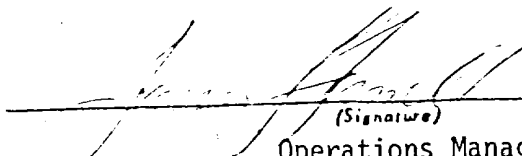
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Shut-in Pressure
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 my knowledge and belief.

  
(Signature)  
Operations Manager  
(Title)  
4/21/81  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 1981  
BY \_\_\_\_\_  
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.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
FEB 19 1986  
OIL CONSERVATION DIVISION  
DIST. 2

I. Operator Mesa Operating Limited Partnership

Address P.O. Box 2009, Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE COM 0</u>	Well No. <u>11</u>	Pool Name, including Formation <u>BLANCO MESAVERDE</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>E5226</u>
Location Unit Letter <u>G</u> : <u>1540</u> Feet From The <u>NORTH</u> Line and <u>1675</u> Feet From The <u>EAST</u> Line of Section <u>16</u> Township <u>29N</u> Range <u>8W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PERMIAN CORPORATION Permian (Eff. 9/1/37)</u>	<u>P.O. BOX 1183 / HOUSTON, TEXAS 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO.</u>	<u>P.O. BOX 990 / FARMINGTON, NEW MEXICO 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
<u>G 16 29 8</u>	<u>YES 1953</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

R. E. Markin  
(Signature)  
REGULATORY AGENT  
February 14, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED EEB 19 1986  
BY Frank J. O'Leary  
TITLE SUPERVISOR DISTRICT 22

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XC: NMOCD-(0+4), WF, CR, Reg.