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, Antenia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

BEOUEST FOR ALLOWARI F AND ALITHORIZATION

I.						TURAL G					
Operator MESA OPERATING LIMITED PARTNERSHIP						TOTIAL	Well A	Well API No. 30-045-216 31			
Address P.O. BOX 2009, AMA	RILLO TI	EXAS 791	89					20 073		7	
Reason(s) for Filing (Check proper box, New Well Recompletion Change is Operator)		ry Gas		_	er (Please exp	·	1/90			
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	L AND LEA	Well No. P	noi Na	- Indudi	- Francisco				-,,		
STATE COM N	10A			o Mesav	erde		Kind of Lease State, Federal or Fee		Lease No. B10603		
Unit LetterO	:7	790F	eel Fro	m The SOU	ith Lin	e and1	790 Fe	et From The	east	Line	
Section 2 Towns	ship 29N	R	ange	8W	, N	MPM, S	an Juan		· · · · · · · · · · · · · · · · · · ·	County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil or Condensate X GIANT REFINING CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS CO.					RAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. BOX 12999, SCOTTSDALE, AZ 85267 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79998						
If well produces oil or liquids, jive location of tanks.	Uzit (wp. 29	Rge.	ls gas actual Ye	y connected?	When	2/21/	75		
this production is commingled with the V. COMPLETION DATA								2/41/			
Designate Type of Completion	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compt. 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			
					CEMENTING RECORD						
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
				-							
V. TEST DATA AND REQU											
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pre	Tubing Pressure				Caring Black C E I V E					
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.				AUG27	19 90	Gas- MCF			
GAS WELL				 	0	IL CON	J. DIV.		<u> </u>		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/NO157. 3			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				sure (Shut-in)	<u> </u>	Choke Size			
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and optoplete to the best of n	gulations of the and that the info	Oil Conserva	tion			OIL CO		ATION AUG 27		NC	
Signature Carolyn L. McKee, Printed Name 7/1/90		•	Title	<u>_</u>	Title		SUPE	RVISOR D	ISTRICT	13	
7/1/90 Date	(806)	378-100 Telepi	hone N	io.							

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.