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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Mesa Petroleum Co.</b>	
Address <b>P. O. Box 2009 Amarillo, Texas 79105</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		E-5226, E-3374	
Lease Name <b>State Com G</b>	Well No. <b>2A</b>	Pool Name, Including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease <b>E-4426</b> State, Federal or Fee <b>State</b>
Location Unit Letter <b>J</b> ; <b>1650</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>32</b> , Township <b>29N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> 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"/> <b>Inland Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1528, Farmington, N. M. 87401</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 398, Bloomfield N. M. 87413</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>32</b>	Twp. <b>29N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>No</b>	When <b>6-1-75</b>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spud'd <b>2-7-75</b>	Date Compl. Ready to Prod. <b>4-9-75</b>	Total Depth <b>4945'</b>	B.T.D. <b>4890'</b>
Pool <b>Blanco</b>	Name of Producing Formation <b>Pictured Cliffs</b>	Top Oil/Gas Pay <b>2406'</b>	Tubing Depth <b>2450'</b>
Perforations <b>2406'-2450'</b>	Depth Casing Shoe <b>4942'</b>		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13-3/4"</b>	<b>10-3/4"</b>	<b>149'</b>	<b>125 sx</b>
<b>8-3/4"</b>	<b>7"</b>	<b>2769'</b>	<b>250 sx</b>
<b>6"</b>	<b>4-1/2"</b>	<b>4942'</b>	<b>250 sx</b>
	<b>1-1/4"</b>	<b>2450'</b>	

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D <b>1190</b>	Length of Test <b>3 hr</b>	Bbls. Condensate/MMCF <b>----</b>	Gravity of Condensate <b>----</b>
Testing Method (pitot, back pr.) <b>Back pressure</b>	Tubing Pressure <b>968 psig</b>	Casing Pressure <b>972 psig</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION <b>AUG 28 1975</b>	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 19____ BY <b>Original Signed by A. R. Kendrick</b> TITLE <b>PETROLEUM ENGINEER DIST. NO. 3</b>	
<b>R. J. Flaker</b> (Signature) <b>Prod. Engr.</b> (Title) <b>5-9-75</b> (Date)		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 Sections I, II, III, and VI only 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.	