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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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MESA OPERATING LIMITED PARTNERSHIP	Well API No. 30-045-27513
Address P.O. BOX 2009, AMARILLO, TEXAS 79189	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FC STATE COM	Well No. 5	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. E 5113-16
Location Unit Letter K : 1700 Feet From The South Line and 1580 Feet From The West Line Section 2 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 type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS CO.	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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	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
		X	X					
Date Spudded 7/20/90	Date Compl. Ready to Prod. 9/05/90	Total Depth 3000'	P.B.T.D. 2952'					
Elevations (DF, RKB, RT, GR, etc.) 6102'	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2701'	Tubing Depth 2928'					
Perforations Fruitland Coal 2701'-2865'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	223'	150 sx "B"					
7 7/8"	5 1/2"	3000'	290 'B'/250 'B'					
	2 3/8"	2928'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be held top 100' for 24 hours or be for full 24 hours.)

Date First New Oil Run To Tank	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.
		Choke Size
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 231	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 300	Casing Pressure (Shut-in) 600	Choke Size 0.500

VI. OPERATOR 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

Carolyn L. McKee, Sr. Regulatory Analyst

Printed Name

9/7/90

Date

Title

(806) 378-1000

Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 10 1990

Original Signed by CHARLES GHOLSON

By

Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.