OIL CONSERVATION DIVISION ed et terme ettimae (+15) m m (/1)DH P. O. BOX 2088 BANIAFE . SANTA FE, NEW MEXICO 87501 FILE V.S.U.S. LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER AND DAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DEPATOR PROBATION OFFICE Operator Mesa Petroleum Co. 1660 Lincoln Street, #2800, Denver, CO 80264 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Recompletion OH Dry Gos Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ E-5226, E-11128, E-1208, DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Lecse No. State Com Q 13 Blanco Mesaverde State, Federal or Fee State E-3149 Location 1045 ា850 ' North Line and East Feet From The 29N --36 Township Range 8W . NMPM. San Juan Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Oil or Condensate 🚹 Permian Corporation P.O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company P.O. Box 990, Farmington, NM 87401 Sec Rge. Unii Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. i÷Η 36 29N . 8W Yes 11/19/53 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well Plug Back Same Res'v. Diff. R Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oll/Gas Pay Tubing Depth Name of Producing Formation Elevations (D) R. RT. GR. etc.; Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oll Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gos-MCF Water - Bhis. Oil-Bhis. Actual Prod. During Test MAY 20 1980 OIL COM. COM. GAS WELL NAME ST. 3 Bbls. Condens Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Cosing Pressure (Shut-18) Choke Size Testing Method (pitot, back pr.) Tubing Pressue (Shut-is) OIL CONSERVATION DIVISION 1. CERTIFICATE OF COMPLIANCE APR 27 1981 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. APPROVED BY_ SUPERVISOR DISTRICT # 3 TITLE . This form is to be filled in compliance with MULE 1104. If this is a request for allowable for a newly drilled or de-

Division Productions Supervisor

(Tisle)

5/12/81

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for alleable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for each pool in multiple