| | NO. OF COPIES RECEIVED | | | | |
|---|--|--|---|---|--|
| - | DISTRIBUTION | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 | |
| | SANTA FE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 | |
| - | FILE | | AND | | |
| - | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL GA | AS | |
| + | OIL | | | | |
| | TRANSPORTER GAS / | | | | |
| + | OPERATOR Z | | | | |
| 1. | PRORATION OFFICE | | | | |
| • | Cperator | | | | |
| | Mesa Petroleum Co. | | | | |
| ĺ | Address | | | | |
| | P.O. Box 2009, | Amarillo, TX 79189 | 0.1 (01 | | |
| | Reason(s) for filing (Check proper bo | (x) Change in Transporter of: | Other (Please explain) | | |
| | New Weil X | Cil Dry Ga | | | |
| | Recompletion Change in Ownership | Casinghead Gas Conden | | | |
| L | Charge in Ownership | | | | |
| | f change of ownership give name and address of previous owner | | | | |
| II. | DESCRIPTION OF WELL ANI | | ne, including Formation | Kind of Lease | |
| | Lease Name | | | State Federal or Fee | |
| - | State Com | 43 Blan | co Pictured Cliffs | State State | |
| | N O | 190' Fact From The SOUTH 15 | e and 1.450! Feet From Th | ne Mos+ | |
| | Unit Letter N : 990 Feet From The South Line and 1450 Feet From The West | | | | |
| | Line of Section 36 , T | ownship 29N Fange 8 | W , NMPM, San Ju | an County | |
| L | | | | | |
| II. | DESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL GA | S | | |
| | Name of Authorized Transporter of C | or Condensate | Address (Give address to which approve | a copy of this form is to be sent; | |
| ļ | Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | |
| l | - | | | | |
| | El Paso Natural Gas Company P.O. Box 1492, El Paso, TX 79978 Unit Sec. Twp. Rge. Is gas actually connected? When | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | | soon as possible | |
| Į | <u></u> | | · · · · · · · · · · · · · · · · · · · | Scoil as possible | |
| | | this production is commingled with that from any other lease or pool, give commingling order number: | | | |
| · • · [| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| | Designate Type of Complet | , A | | | |
| Ì | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | 4/28/78 | 6/14/78 | 3050' | 3014' | |
| | Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | Blanco | Pictured Cliffs | 2914' | 2908' | |
| | Perforations | | | Depth Casing Shoe | |
| ļ | 2914'-2955' Overall TUBING, CASING, AND CEMENTING RECORD | | | | |
| } | 101 5 0175 | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| } | HOLE SIZE 12 1/4" | 8 5/8" | 147' | 150 sxs | |
| } | | 3 1/2" | 3050' | 430 sxs | |
| } | 6 1/8" | 1 1/4" | 2908' | 430 SXS | |
| Ì | | 1 1/4 | 2,50,8 | | |
| v | TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | fter recovery of total volume of load oil a | nd must be equal to or exceed top allow- | |
| • . | OIL WELL | able for this de | pth or be for full 24 hours) | | |
| Ī | 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 | |
| | | Oil-Bbis. | Water - Bbis. | Gas - MCF | |
| | Actual Prod. During Test | OII - BBIS. | Water - Spie. | 3.5 | |
| I | | | <u> </u> | | |
| | GAS WELL | | | | |
| [| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | 1059 | 4 hrs. | None | | |
| } | Testing Method (pitos, back pr.) | Tubing Pressure | Casing PressureS 872 | Choke Size | |
| | Pitot | 127 psi | 78 psi | .75" | |
| VI. | CERTIFICATE OF COMPLIA | | | TION COMMISSION | |
| | OLIVIA DI COMI MINICE | | 11 | n to 10.78 | |
| | I hereby certify that the rules and regulations of the Oil Conservation | | | | |
| | Commission have been complied | with and that the information given he best of my knowledge and belief. | Original Signed by 5 | | |
| | above is true and complete to t | me best of my knowledge and belief. | TITLE DEFUTY Co. 2 200 | | |
| ~ · · · · · · · · · · · · · · · · · · · | | | TITLE | | |
| | /1 | .7 | : · · · · | | |

NMOCC (5), J. Archer

Staff Engineer

7/12/78

(Title)

(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 own.cr, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in mean completed wells.