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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	1150	TOTRA	NS	PO	RT OIL	AND NA	TURA	L GA	S					
Operator MESA OPERATING LIMITED PARTNERSHIP									Well A	Weil API No. 30-045-08835				
ddress P.O. BOX 2009, AMAR	ILLO, T	EXAS 7	918	9										
Reason(s) for Filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Operator Casinghead Gas Condensate							Other (Please explain)  Effective Date: 7/0				1/90			
change of operator give name d address of previous operator														
. DESCRIPTION OF WELL	AND LE	<del></del>			_		<del></del>							
ease Name FEDERAL ocation	<del></del>	Well No.   Pool Name, Includin 6   Basin D								f Lease Federal or Fee	-	zase No.		
Unit LetterB	:99	0	_ Fee	a Fro	m The $\frac{Nc}{2}$	orth Lin	e and _	165	<u>0</u> F∞	et From The	East	Line		
Section 6 Towns	1ip 29	N	Ran	nge	1.11	, <u>N</u>	ІМРМ,		San J	uan		County		
I. DESIGNATION OF TRA	NSPORT				NATU									
lame of Authorized Transporter of Oil		or Conde	nsale		X					copy of this f SDALE, A	orm is to be se AZ 8526	_		
GIANT REFINING CO.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X						<del></del>					form is to be se			
EL PASO NATURAL GAS C						1				TX 79		·		
f well produces oil or liquids, ve location of tanks.	Unit B	Sec.	Т <u>ж</u>	<b>g</b> r.	Rge 11	. Is gas actual	es	ted?	When	?				
this production is commingled with the V. COMPLETION DATA	nt from any o						_,				<u></u>	b a s		
Designate Type of Completion	n - (X)	Oil We	11	G	ias Well	New Well	Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Cor	Date Compi. Ready to Prod.				Total Depth	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth			
Perforations											Depth Casing Shoe			
TUBING, CASING AND						CEMENT	CEMENTING RECORD							
HOLE SIZE	C;	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
					-									
V. TEST DATA AND REQUI					oil and my	int be equal to		ton all	awahle for thi	is denth or be	for full 24 ho	ws.)		
Date First New Oil Run To Tank	recovery of total volume of load oil and must Date of Test					Producing !	Producing Method (Flow, pump, gas lift, e				<u> </u>			
Length of Test	Tubing I	Tubing Pressure					Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bb	Oil - Bbls.					Water - Bbls.				Gas- MCF			
GAS WELL														
Actual Prod. Test - MCF/D	Length	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIF	ICATE (	OF COM	1PL	IAN	NCE		O!!	$CO^{k}$	JSEDV	′ΔΤΙΩΝΙ	DIVISI	ON -		
I hereby certify that the rules and re Division have been complied with a is true/2nd complete to the best of n	nd that the it	nformation g	given		e					JUL 2 :		<b>014</b>		
Caral P	TM	Ree					te Ap <sub>l</sub>	prove	ea		1 /			
Signature Carolyn L. McKee,	Regula	tory A	nal	yst		Ву			<u>سد د</u> ۱۹۹۱۶	<u>へノ</u> で RVISOR I	DISTRICT	13		
Printed Name 7/1/90	(806	) 378-	100			Tit!	le							
Date		7	eleph	one i	No.	11								

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.