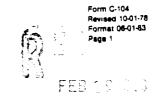
STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

	174		
DISTRIBUTIO	> **		
SANTA PE			
FILE			
U.S.G.A.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	944		
OPERATOR			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



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

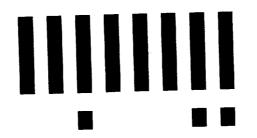
Separate Forms C-104 must be filed for each pool in multiply completed wells.

TRANSPORTER GAS REQUEST FOR					
GPERATOR AND					
PROBATION OFFICE AUTHORIZATION TO TRANSPO	OR TOIL AND NATURAL SAS				
Mesa Operating Limited Partnership					
P.O. Box 2009, Amarillo, Texas 79189					
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Well Change in Transporter of:					
Recognistion Oil Dry	Gas				
X Change in Ownership Casinghest Gas Con	densate				
	no. 2000 Amerillo Taxas 79189				
If change of ownership give name Mesa Petroleum Co., P.O.	BOX 2009, Alliam into, Texas 73109				
II. DESCRIPTION OF WELL AND LEASE	rmation Kind of Lease Lease No.				
Lease terms					
State com w					
Location ago north to	and 990 Feet From The east				
2 Township 30N Range 8W	, NMPM, San Juan County				
Line of Section 2 Township					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ar Condensate					
Pormian Corporation Permiss (Eff. 9 / 1 /87)	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 KA	P.O. Box 1526, Salt Lake City, Utah 84110				
Northwest Pipeline Corp. PNI	Is gas actually connected? When				
Unit Sec. Twp. Age.	Yes 9/22/55				
area location of tonis.					
If this production is commingled with that from any other lease or pool,	give commingling order number:				
Day W and W on concret side if necessary.					
NOTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION				
VI. CERTIFICATE OF COMPLIANCE	EED 1 M 1000				
	APPROVED				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	Trank . Jane				
my knowledge and belief.	BY				
	SUPERVISOR DISPRICT # 8				
Caralyn L. Cummings	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended				
	II town must be accompanied by a (abutation of the deviation)				
Carolyn L. Cummings, Regulatory Clerk	I tests taken on the well in accordance with RULE !!!!				
Carolyn L. Conmission, 100 (Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
- 1 100km²					

XC: NMOCD-(0+4), WF, CR, Reg.

(Date)

February 14, 1986 1986







Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TC	TRA	NSPC	RT OIL A	AND NATU	HAL GA	- I Wall A	Pl No		
MESA OPERATING LIMITED PARTNERSHIP						Well A	Well API Na. 30-045-09948			
ress P.O. BOX 2009, AMARI	LLO TEX	AS 79	189		,					
ion(s) for Filing (Check proper box)					Other	Please expla	in)			
w Well	c	hange in	Transpor	ner of:	_					
	Oil	~~	Dry Gar		REELLA	dana Dat	a. 7/0 ⁻	1/90		
ompletion L	Casinghead (Conden	443	Filect	ive Dat	e: //u.	1/90		
nge in Operator	Canagnesa									
ange of operator give name										
•										
DESCRIPTION OF WELL	AND LEAS	SE					Vind.	of Lease	le.	ase No.
use Name	V	Vell Na.	Pool N	ame, including	g Formation	SAVER	DC 200	Federal or Fee		
STATE COM	<u> W </u>	<u> 17 </u>	<u> </u>	BLAN	CO ME	DAVEK	VE C		10101	
cation	000			. /-		а	aΛ		EAST	
Unit Letter A	990		Feet Fr	om The NO	RTH Line:	nd9	<u>90 </u>	eet From The	61137	Line
Unit Letter							SAN	TILANI		
Section Z Townshi	。 <i>30</i> .	N	Range	8 W	, NM	PM,	SVIA C	JUHIN		County
Section 10walan	<u> </u>	<u> </u>								
DESIGNATION OF TRAN	CDADTED	OFO	II. AN	D NATTI	RAL GAS					
		or Conder		i	Address (Give	address to w	hich approved	d copy of this f	orm is to be se	nt)
me of Authorized Transporter of Oil								SDALE, A		
IANT REFINING CO.					F.O. BC	-11	tich comme	d copy of this	orm is to be se	nt)
ame of Authorized Transporter of Casin	ghead Gas		or Dry	Gas X	Address (Give	<i>одатем ю</i> » Х 1492.	EL PAS	o, TX 79	998	,
L PASO NATURAL GAS CO)									
well produces oil or liquids,	Unit	Sec_	1730	Rge.	is gas actually	connected?	When	a 7	22- <i>55</i>	
e location of tanks.	1 /1 1	7	1 30	8	YES			-1-,	-2 33	
his production is commingled with that	from any other	r lease or	pool, gi	ve commingl	ing order numb	er:				
. COMPLETION DATA	-		_							
. COM EDITOR DITTO		Oil Wel	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	1	" i	4_0	1		i	1	1	<u> </u>
	Date Comp	Deady 1	to Prod		Total Depth			P.B.T.D.		
ate Spudded	Date Comp	i. Ready i	W 1100L							
					Top Oil/Gas	24		Tubing De	nth .	
levations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing i	-omatio	10	Top Oil Car	-,		1 ming 120	put	
					<u> </u>			Depth Casi	ng Shoe	
erforations								l Depth Cas	ng sacc	
				•						
	т	TIBING	. CAS	ING AND	CEMENTI	NG RECO	RD			
1101 7 0175		SING & T				DEPTH SE			SACKS CEN	MENT
HOLE SIZE	- CA	31110 0	100.110							
					 					
					 					
			_							
. TEST DATA AND REQUI	EST FOR A	LLOV	VABL	E						
OIL WELL (Test must be after	recovery of to	eal volum	re of loa	d oil and mus	n be equal to o	exceed top	illowable for	this depth or b	e for full 24 ho	ours.)
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow.	pump, gas lif	t, elc.)		
Date I ha frew on Ros 10 1-2-	J = 0	-								
leads of Tod	Tubing Pro				Casing Press	ure		ga Choke Siz	æ	
Length of Test	1 uoing 170	CAMUIC			l in		FIV			
					Water - BEA	<u> </u>	170 H U	Gas- MC	F	
Actual Prod. During Test	Oil - Bbls.	•			The state of the s	1		1		
						<u> </u>	- 9 1990			
GAS WELL	_									
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Cond	DI IM ME	DIC	Gravity o	(Condensate	
VERNI LLOT 1681 - MICLIA						₩15 <u>~</u>	~ · · ·	1		
		· · · · · · · · · · · · · · · · · · ·	hard leak		Carine Dans	sure (Shut-in	311	Choke Si	26	
Testing Method (pilot, back pr.)	Tubing P	creme (7	mm-m)		Casing Field		,			
VL OPERATOR CERTIF	CATEO	F CON	API I	ANCE					100//0	
					il	OIL CO	JNSER	OITAV	לואוח א	
I hereby certify that the rules and re Division have been complied with a	guadous or in	ormation	given ah	ove	11			ecn 1	0 1000	
is true and complete to the best of r	un kuumieyse ma nier nie 101.	and belief	g	_				SEL]	9 1990	
as true and configurate to the oest of the	. /	万			Dat	e Appro	vea			
1 4	4/	no	No.						√ } .	/
Carolin.	7 \ V .	/ //	<u> </u>		By.		-8.	<u>ا (بارن</u>	Thom	
	* * * * * * * * * * * * * * * * * * * *									
Signature					ll by				DIOTOIC	T 4 A
<u>Carolyn L. McKee</u> ,	Regulat	ory A	<u>lnaly</u>	st			SU	PERVISOR	DISTRIC	T #3
Carolyn L. McKee,			Tit	le	Titl		SUI	PERVISOR	OISTRIC	T #3
<u>Carolyn L. McKee</u> ,		378-	Tit	le 			SU	PERVISOF	DISTRIC	T #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) Senarate Form C-104 must be filed for each root in multiply completed wells