

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL GAL	
OPERATOR		
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PRODUCTION OFFICE	
Operator	
Mesa Petroleum Co.	
Address	
1660 Lincoln Street, Suite 2800 Denver, CO 80264	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

E9228
E5310
E3419
B11303

4. DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease	Lease No.
State Com AD		26E	Basin Dakota		State, Federal or Fee State	B10644
Location						
Unit Letter <u>I</u> ; <u>1510</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>East</u>						
Line of Section <u>36</u>		Township <u>29N</u>	Range <u>11W</u>	, NMPM, <u>San Juan</u>		County

D. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Inland Corp.		P. O. Box 1528, Farmington, NM 87417		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.		P. O. Box 990, Farmington NM 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		
No		N/A		

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
6/29/80	12/16/80		6500'			6454'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5701' GR	Dakota		6281' KB			6284' KB			
Perforations						Depth Casing Shoe			
6456', 30', 27', 07', 05', 02', 6358', 55', 52', 49', 46', 43', 39', 6281'						6499'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" csg.		283'		200 SXS			
7 7/8"		5 1/2" csg.		6499'		1,525 SXS			
		2 3/8" tbq.		6284'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL		
Date First New Oil Run To Tanks	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.

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OIL CON. COM.

DIST. 2

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF - 569 MCFD	3 hrs.	-0-	0.686
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Coating Pressure (Shut-in)	Choke Size
Back Pressure	950 psi	950 psi	3/4"

1. 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.

Division Drilling Supervisor

December 24, 1980.

OIL CONSERVATION DIVISION

APPROVED DEC 31 1980, 19

BY Original Signed by FRANK I. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 III.

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

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

Separate Form C-104 must be filed for each pool in multiply isolated wells.