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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

xc: T. L. Slife,
U.S.G.S. (5), NMOCC (5)
Div. Files, Cen. Rec,
J. Archer, D&M, EPNG(2)
Inland Corp., K. Stanley

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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Lease No. NM 021119	Well No. 9E	Pool Name, Including Formation Dakota	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter _____	790	Feet From The South	Line and 790	Feet From The East
Line of Section 9	Township 29N	Range 12W	NMPM, San Juan	County

III. 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

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

IV. 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 May 13, 1980	Date Compl. Ready to Prod. 9/25/80	Total Depth 6380' KB	P.B.T.D. 6309' KB					
Elevations (DF, RKB, RT, GR, etc.) 5655' GR Ungraded	Name of Producing Formation Dakota	Top Oil/Gas Pay 6243'	Tubing Depth					
Perforations 6299'-6304', 6248'-6264', 6243'-6245'	Depth Casing Shoe 6356' KB							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
12 1/4"	8 5/8"	266' KB				180 SXS		
7 7/8"	4 1/2"	6356'				1295 SXS		

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 that allowable for this depth or be for full 24 hours)

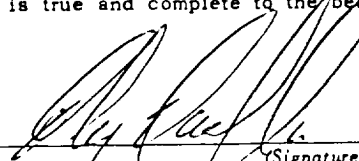
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1301 MCFGPD AOF	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 80	Casing Pressure 80	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Division Drilling Supervisor
(Title)
10/16/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 22 1980**, 19 _____
BY **Original Signed by FRANK T. CHAVEZ**
SUPERVISOR DISTRICT # 3
TITLE _____

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.