Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
MESA OPERATING LIMITED PARTNERSHIP	30-045-24059

Address
P.O. BOX 2009, AMARILLO, TEXAS 79189

Reason(s) for Filing *(Check proper box)*

					☐ Other *(Please explain)*
New Well	☐		Change in Transporter of:		
Recompletion	☐	Oil ☐	Dry Gas ☐		Effective Date: 7/01/90
Change in Operator	☐	Casinghead Gas ☐	Condensate ☒		

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
FEDERAL	6E	Crouch Mesaverde		

Location

Unit Letter ___E___ : ___1750___ Feet From The ___North___ Line and ___805___ Feet From The ___West___ Line

Section __6__ Township __29N__ Range __11W__ , NMPM, __San Juan__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address *(Give address to which approved copy of this form is to be sent)*
GIANT REFINING CO.	P.O. BOX 12999, SCOTTSDALE, AZ 85267
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address *(Give address to which approved copy of this form is to be sent)*
EL PASO NATURAL GAS CO.	P.O. BOX 1492, EL PASO, TX 79998

If well produces oil or liquids, give location of tanks.	Unit E	Sec. 6	Twp. 29	Rge. 11	Is gas actually connected? Yes	When ?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)*

Date First New Oil Run To Tank	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	Length of Test	Bbls. Cond./MMCF	Gravity of Condensate
Testing Method *(pilot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RECEIVED
JUL 16 1990
OIL CON. DIV
DIST. 3

VI. OPERATOR 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.

Signature _Carolyn L. McKee_
Carolyn L. McKee, Regulatory Analyst
Printed Name   Title
7/1/90   (806) 378-1000
Date   Telephone No.

OIL CONSERVATION DIVISION

JUL 16 1990

Date Approved _____

By _____

SUPERVISOR DISTRICT #3

Title _____

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.