Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III Santa Fe, New Mexico 87504-2088 1000 Rio Brazos Rd., Azzec, NM 87410									
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
MESA OPERATING I IMITED DARWINGUID									
Address			30-045-08912						
P.O. BOX 2009, AMARILLO TEXAS 79189 Reason(s) for Filing (Check proper box) Other (Please explain)									
New Well Recompletion		in Transporter of:	Outer (Freeze expl	aun)					
Change in Operator	Oil Casinghead Gas	☐ Dry Gas ☐ Condensate 🏗	Effective Dat	e: 7/0	1/90				
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Book Name Lease Name Well No. Book Name Lease Well No. Well No.									
STATE COM	R 14	la. Pool Name, Inc. Blanco	Pool Name, Including Formation Blanco Mesaverde			Kind of Lease Lease No. E11479			
Location Unit Letter M	. 940			<u> </u>		£ 5315	, 1641		
71		Peet From The VVCS 7					Line		
County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)									
GIANT REFINING CO.	ANT REFINING CO.				P.O. BOX 12999, SCOTTSDALE, AZ 85267				
EL PASO NATURAL GAS CO	PASO NATURAL GAS CO. or Dry Gas X Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79998								
If well produces oil or liquids, give location of tanks.	Unit Sec. 36	Twp. R	ge. Is gas actually connected?	When		-57			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA									
Designate Type of Completion	Oil W	'ell Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v Dif	T Res'v		
Date Spudded	Date Compl. Ready	y to Prod.	Total Depth	<u>i</u> i	P.B.T.D.				
			•	Too Oil/Gos Bus					
			Top Oil/Gas Pay	Tubing Depth					
Perforations Depth Casing Shoe									
1101 5 0175	D CEMENTING RECOR								
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET	DEPTH SET			SACKS CEMENT		
V. TEROT D. T.									
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			tucing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure		Casing Pressure	Casing Pressure			Chake 5(2)		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis. SE	Water - Bbls. SEP 1 9 199 Gas-1					
GAS WELL	<u> </u>			ON	NVI				
Actual Prod. Test - MCF/D	Length of Test	 	Bbls. Condensate/MMCF	DIST. 3	Gravity of Con	densate			
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
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			OIL CON	OIL CONSERVATION DIVISION					
is true and complete to the best of my k	Date Approve	Date Approved SEP 1 9 1990							
Allen T.									
Carolyn L. McKee, R	Бу	By SUPERVISOR DISTRICT /3							
Printed Name 7/1/90	Title	OUPEH	AVISOR DIS	THILI #3					
Date	7	elephone No.							

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.