STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

20. 00 (00100 bgc	17460	-
DISTRIBUTE	9w	
SANTA FE		
FILE		
U.S.G.A.		
LAMO OFFICE		
TRANSPORTER	01L	
	GAS	
OPERATOR		
PROBATION OF	ICE	

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

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

PROBATION OFFICE	ANI AUTHORIZATION TO TRANSPO	ND PORT OIL AND NATURAL GAS
Mesa Operating Limi	ted Partnership	Dist. 5
P.O. Box 2009, Amar	illo, Texas 79189	
Ressen(s) for filing (Check proper box) New Wett Recompletion Change in Ownership		Other (Please explain) ry Gas ondensete
If change of ownership give name Mesa and address of previous owner. II. DESCRIPTION OF WELL AND LE		Box 2009, Amarillo, Texas 79189
Lesse Name Johns	Well No. Pool Name, including For 2 Blanco Mesave	
Unit Letter K : 1650	Feet From The South Line	ne and 1650 Feet From The West
Line of Section 18 Township	32N Range	11W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Permian Corporation	or Condensate 🔀	LGAS Address (Give address to which approved copy of this form is to be sent) 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 Casinghe El Paso Natural Gas Co.		P.O. Box 1492/El Paso, Texas 79998
If well produces oil or liquids, que location of tanks.	Sec. Twp. Rge. 18 32 11	Yes 10/31/53

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Carolyn 4. Cummings/Regulatory Clerk

February 14, 1986

(Date)

	OIL CONSERVATION DIVISION
APP	ROVED FEB 1086
RY	Trank Lavy
TITL	SUPERVISOR DISTRICT 38 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 AULE 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.

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	OTRA	NSPO	RT OIL	AND NA	TURAL GA						
Operator MESA OPERATING LIMITED PARTNERSHIP							Well API No. 30-045-11427					
Address P.O. BOX 2009, AMARILLO TEXAS 79189												
Reason(s) for Filing (Check proper box)	1 -			 -	Oth	et (Please expla	in)					
New Well Recompletion	Oil (Change in	Fransport Dry Gas	er of:								
Change in Operator	Casinghead		Condens:	nce 🎞	Effec	tive Dat	e: 7/01	./90				
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name			Pool Nar	ne, Includir	g Formation	·	Kind o	f Lease	Le	ase No.		
JOHNS		2		Blanc	o Mesav	erde	State, I	ederal or Fee	07811	8		
Location Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West Line												
Section 18 Township	32N		Range	11	W , N	МРМ,	San J	uan		County		
III. DESIGNATION OF TRANS	SPORTER	R OF OT	I. AND	NATTII	RAT. GAS							
Name of Authorized Transporter of Oil		or Condens	nte.	X		ve address to wi	uch approved	copy of this fo	orm is to be se	nt)		
GIANT REFINING CO. Name of Authorized Transporter of Casing						OX 12999						
EL PASO NATURAL GAS CO	•		or Dry G		Р.О. В	ox 1492,	EL PASO	, TX 799	998	nt)		
If well produces oil or liquids, give location of tanks.			Tw ₃₂	1 Rge.	_ Y	ly connected? es	When	? 	10/3	1/53		
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or p	ool, give	commingli	ng order num	iber:						
Designate Type of Completion -	· (X)	Oil Well	G	as 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 Pro	oducing Fo	mation		Top Oil/Gas Pay Tubing Depth							
Perforations	<u> </u>	<u></u>		***	Depth Casing Shoe							
		LIRING	CASIN	C AND	CEMENT	NG RECOR	D	[
HOLE SIZE		SING & TU			CEIVIEIVII	DEPTH SET		SACKS CEMENT				
	<u> </u>											
						·						
V. TEST DATA AND REQUES OIL WELL Test must be after re												
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		of load o	il and must		r exceed top all fethod (Flow, pr		<u> </u>	for full 24 hou	rs.)		
Length of Test	Tuki - D				Cado			Choke Size				
Lengui or Tex	Tubing Pres	ssure						1				
Actual Prod. During Test	Oil - Bbls.				Water Bbi	L	<u>.</u>	Gas- MCF				
GAS WELL	<u> </u>			***	-	ਪਿਲਿਹ ਹੈ ਹ ਿ	UU					
Actual Prod. Test - MCF/D	Length of 7	[est			Bbis Conde	ning (MMCF	DIV	Gravity of G	Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut	-in)		Casing Pres	sure (Shul-in)		Choke Size				
	<u> </u>				<u> </u>			<u> </u>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				0.2 00.		JUL 25						
is true and complete to the best of my knowledge and belief. Date Approved												
Carolin K. Make					By			() e	Diana /			
Signature Carolyn L. McKee, Regulatory Analyst							SUPER	RVISOR	DISTRICT	#3		
Printed Name 7/1/90	(806)	378-10			Title	e						
Date		Tele	phone N	0.	<u> </u>							

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.

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 at Bottom of Page

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

OIL CONSERVATION DIVISIÓN P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I,

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	•	TO TRA	NSPORT O	LAND NATUR	AL GAS					
Operator Conoco Inc.							APINO. 0-045-	1148	32	
Address 3817 N.W. Expr	esswav.	Oklah	oma City.	OK 73112	•	_1		,,,,,		
Reason(s) for Filing (Check proper bax)	coomayy	OKTAI	oma orey,	Other (Plea	se explair	ı) . ·		,,,		
New Well			Transporter of:		•					
Recompletion Change in Operator	Oil Casinghead	-	Dry Gas Condensate	. Effect	give.	Dat	ter 7-	1-91		
If change of operator give same and address of previous operator MeSi	a Operat	ing Li	mited Part	nership, P.C	. Box	2009,	Amarillo	, Tex	as 79189	
II. DESCRIPTION OF WELL	AND LEA								•	
Lease Name Johns		Well No.	Pool Name, Inches	ling Formation Mesalero	le		of Itease Pederal or Pee	078	ease Na.	
Location Unit Letter	. 16	50		outh Line and	_	ī0 -				
Section /8 Townshi	1.		Range ///			_	uan	vese	Line	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NATU	RAL GAS						
Name of Authorized Transporter of Oil Giant Refining, Inc.		or Conden		Address (Give addre Box 338, B	ss to whic	<i>h approved</i>	copy of this form	n is to be se		
Name of Authorized Transporter of Casin	ghead Clas		or Dry Gas XX	Address (Give addre	ss to whic	h approved	copy of this form	n is to be se		
El Paso Natural Gas U well produces oll or liquids,	Unit	Sec.	Twp. Rge.	P.O. Box 1		El Paso When		79999		
give location of tanks.	iKi		33N 11W	Yes.			10-31	53		
If this production is commingled with that IV. COMPLETION DATA	rom any otne	r lease or p	ool, give comming	ling order number:				 		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Work	over	Deepen	Piug Back Si	ıme 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 Pro	oducing For	mation	Top Oil/Gas Pay			Tubing Depth .			
Perforations	1			·		Depth Casing Shoe				
	T	JBING,	CASING AND	CEMENTING RI	CORD			er 2 %	7 1	
HOLE SIZE			BING SIZE	DEPT			D 2 SACES CEMENT .			
	 		· · · · · · · · · · · · · · · · · · ·				1 0 1001			
						· · · · · · · · · · · · · · · · · · ·	MAY	0 3 199	1	
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				OIL C	ON.	DIV.	
OIL WELL (Test must be after re				be equal to or exceed	top allow	ble for this	depth or base	18K12	·s.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (F	low, pump	, gas lift, ei	(c.)			
Length of Test	Tubing Press	Mis	. •	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.		• , • •	Gas- MCF			
GAS WELL	<u> </u>			<u> </u>			<u> </u>	•		
Actual Prod. Test - MCF/D Length of Test .				Bbls. Condensate/MMCP			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPI	JANCE		·				J	
I hereby certify that the rules and regula	tions of the O	d Conserva	tion		CONS	ERVA	ATION DI	IVISIO	$N \neq 0$	
Division have been complied with and to is true and complete to the best of my k	hat the inform nowledge and	ntion gives belief.	above	Date App	havn		MAY 0 3	1991		
ww. Beker		·	·		JIOU	ユ.	A) d	2		
Signature W.W. Baker	Adminis	trativ	e Supr.	SUPERVISOR DISTRICT 13						
Printed Name 5-1-91	_	5) 948-	Title · 3120	Title						
Dete		Teleni	none No.	31						

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