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	DISTRIBUTIO							
	SANTA FE		/					
	FILE	1						
	U.S.G.S.							
	LAND OFFICE							
	IRANSPORTER	OIL	1					
		G A S						
	OPERATOR							
1.	PRORATION OFFICE							
	Operator Mesa Petroleum Compa							
	Address							
	P. O. Box 2009 A Reason(s) for filing (Check proper box)							
	New Well K							
	Change in Ownership							
	If change of ownership give name and address of previous owner							
II.	. DESCRIPTION OF WELL AND LEA							
	Lease Name Hamilton-Federal							
	Location							
	Unit Letter	F	; <u>1</u>	<u>650</u>				
	1							

	DISTRIBUTION /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FILE AND			Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL /					
	OPERATOR /			•		
	PRORATION OFFICE					
1.	Operator Datas laws C	·				
	Mesa Petroleum C	ompany				
	P. O. Box 2009	'Amarillo, Texas 79105				
	Reason(s) for filing (Check proper t		Other (Please explain)			
	New We!l	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	─ ──	,		
	If change of ownership give name and address of previous owner					
	DECEMBER OF WELL AND	DIFACE				
11.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.		
	Hamilton-Federal 2-A Blanco(Mesaverde) State, Federal 076554					
	Location	50	1/50	***		
	Unit Letter F ; 16	50 Feet From The North Lin	e and 1050 Feet From	The West		
	Line of Section 30	Township 32N Range	10W , NMPM, San J	uan County		
III.	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)		
	Inland Corporation		Box 1528 Farm	ington, New Mexico		
	Name of Authorized Transporter of		Address (Give address to which appr			
	El Paso Natural G	as Company Unit Sec. Twp. Rge.		ngton, New Mexico		
	If well produces oil or liquids, give location of tanks.	F 30 32 N 10W	No	5-16-75		
		with that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Comple	etion $= (X)$ Gas well X	New Mell Molroner Beeber	Triag Back Same Hoo		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	2-7-75	5-1-75	5436' K.B.	5396' K.B. Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc		Top Oil/Gas Pay	5352' K. B.		
	6104 K.B.	Mesaverde	4453' K. B.	Depth Casing Shoe		
	4453-5352			5426' K.B.		
			DEPTH SET	SACKS CEMENT		
	13 3/4"	CASING & TUBING SIZE	167! K.B.	125 ex		
	8 3 / 4 ''	711	3187' K. B.	175 sx		
	611	4 1/2"	5426' K.B.	225 sx		
		2 3/8"	5352! K.B.	I and must be equal to or exceed top allows		
V.	TEST DATA AND REQUEST OIL WELL	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able 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.)				lift, etc.)		
	Length of Test Tubing Pressure		Casing Pressure	Chol		
	Length of Test					
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	(S. 2)		
	GAS WELL	•		(1 2 m)		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravita Condinate		
	3496 Testing Method (pitot, back pr.)	3hr Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Cho Size		
	Back Pressure	799 psig	Packer	3/4"		
VI.	. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION		
• •				MAY 2 3 1975		
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, IS/3			
	above is true and complete to	the best of my knowledge and belief.	ByOriginal Signed by Emery C. Arnold			
			TITLE SUPERVISOR DIST. #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 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	K. Clake	R. J. Flaker				
	(5	Signature) Prod. Engr.				
		(Title)				
		5-13-75	Eill out only Sections I	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.		
	/ /	(Date)	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.			
	(C/ 4)	late				