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OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION  SANTA FE /  FILE / /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS / OPERATOR / I	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS		
I.	Operator Operator					
	Mesa Petroleum C	0.				
P. O. Box 2009 Amarillo, Texas 79105						
	Reason(s) for filing (Check proper box)  New Well X Change in Transporter of:  Other (Please explain)					
	Recompletion	Oil Dry Ga	<b></b>			
	Change in Ownership	Casinghead Gas Conder	isdie [_]			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name State Com I	Well No. Pool Name, Including Fo				
	Location					
	Unit Letter F ; 1850 Feet From The North Line and 1850 Feet From The West					
	Line of Section 36 To	wnship 31N Range 9	ЭW , ммрм, San J	uan County		
TTT	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oil	or Condensate 🔼	Address (Give address to which appro			
	Inland Corp.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Box 1520 Farmington, N. M.  Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Ga	as Co.	Box 990, Farmingto			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 36 31N 9W	Is gas actually connected? When No	6-1-75		
		th that from any other lease or pool,	<u></u>			
IV. COMPLETION DATA  Out Well   Gas Well   New Well   Workover   Deep   Plug Rack   Same Res'v.						
	Designate Type of Completi	1	X	1/2		
	Date Spudded 3-3-75	Date Compl. Ready to Prod. $4-23-75$	Total Depth 53101	1 6 7 -		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Stubing Pepth 5107'		
	5981 K.B.	Mesaverde	4464'	Depth Casing Shoe		
	4464'-5117'					
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD  DEPTH SET	SACKS CEMENT		
	13-3/4"	10-3/4"	158'	125 sx		
	8-3/4" 6-1/4"	7" 4-1/2" liner	3077' 2880'-5306'	409 sx 245 sx		
	0-1/1	2-3/8"	51071			
V.	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 able for this depth or be for full 24 hours)					
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pu			Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	A del David Dustas Took	Oil-Bbis.	Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	C.1 22.01				
	GAO WEST I					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	2210 Testing Method (pitot, back pr.)	3 hr Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back pressure	386 psig	386 psig	3 /4"		
VI.	CERTIFICATE OF COMPLIAN	<b>ICE</b>	OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and	by certify that the rules and regulations of the Oil Conservation APPROVED APPROVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  TITLE  SUPERVISOR DIST.  This form is to be filed in compliance with RULE 110		By Original Signed by Emery C. Arnold			
			compliance with RULE 1104.			
Prod. Engr.			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			
			All sections of this form m	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
			able on new and recompleted wells.			

(Date)

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.