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 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| 4. | 10 15 | 171101 V | OIL OIL | AND NA | OUVE OF | | | | | |
|---|---|-----------------|------------|--|---------------------------|-----------------|------------------------------------|----------------|--|--|
| Operator MESA OPERATING LIMITED PARTNERSHIP | | | | | | | Well API No. 30-045-21703 | | | |
| Address P.O. BOX 2009, AMARII | LLO TEXAS | 79189 | | | · · | | | | | |
| Reason(s) for Filing (Check proper box) | | | · | Oth | t (Please expla | ·i=) | | | | |
| New Well | Change | in Transpo | orter of: | | - is some exhibit | , | | | | |
| Recompletion | ou [| Dry G | | | | _ | • | | | |
| Change in Operator Casinghead Gas Condensate | | | | | Effective Date: 7/0 | | | | | |
| If change of operator give name and address of previous operator | | | | <u></u> | | | · | | | |
| II. DESCRIPTION OF WELL A | ND LEASE | | | | | | | | | |
| Lease Name STATE COM I | Well No. Pool Name, Including 5A Blanco | | | ng Formation o Mesaverde | | | nd of Lease ate, Federal or Fee | | Lease No. B10938 | |
| Location | 1850 | - 1 | | north _ | 1 | 850 | | west | | |
| Unit Letter | · | Feet F | rom The | Line and | | | Feet From TheLi | | Line | |
| Section 36 Township | 31N | Range | 9W | , N | ирм, | San Ju | uan | | County | |
| III. DESIGNATION OF TRANS | | | D NATU | | | C-1 | | | | |
| Name of Authorized Transporter of Oil or Condensate X GIANT REFINING CO. | | | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 12999, SCOTTSDALE, AZ 85267 | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS CO. | | | | 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. | Twp. | Rge. | | | | /hen ? | n ? | | |
| If this production is commingled with that f | F 36 | 07 pool, g | ye commine | Yes | ber: | | | 4/22/ | /5 | |
| IV. COMPLETION DATA | | | | | | | | | | |
| Designate Type of Completion - | ·(X) | /ell | Gas Well | New Well | Workover | Deep | en Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Read | y 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 | | | | | |
| | | | · . | | | | | | · <u>-</u> | |
| | T | | | CEMENTI | NG RECOR | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | | SACKS CEMENT | | |
| | | | | | | | | | | |
| | _ | | | ļ | | | _ | | | |
| | | | | - | | | | | | |
| V. TEST DATA AND REQUES | T FOR ALLO | WABLE | € | .L | | | | | | |
| OIL WELL (Test must be after n | | | | i be equal to o | exceed top al | lowable fo | or this depth or be | for full 24 ho | urs.) | |
| Date First New Oil Run To Tank | Date of Test | - | | Producing M | lethod (Flow, p | ownp, gas | lift, etc.) | | | |
| Length of Test | Tubing Pressure | | | Callegre | anglo (C 1 | W P | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | W Bbi | U E I | TE | Gas- MCF | | ······································ | |
| | | | | U U | UG 2 7 18 | 90 - | | | | |
| GAS WELL | | | | • | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbis | BALLEN DIV. | | | Condensate | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pres | sure (Shut-in) | | Choke Size | ; | | |
| VI OPERATOR CERTIFIC | ATE OF CO | MPI TA | NCE | | | | <u> </u> | | · | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation | | | | | OIL CONSERVATION DIVISION | | | | | |
| Division have been complied with and that the information given above | | | | | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | Aug 2 7 1990 | | | | | |
| (In I men | | | | | Date Approved | | | | | |
| Signature | | | | Ву | By But Chang | | | | | |
| Carolyn L. McKee, Regulatory Analyst Printed Name Title | | | | | SUPERVISOR DISTRICT #3 | | | | | |
| 7/1/90 | (806) 378 | -1000 | | Title | ə | | | | | |
| Date | | Telephone | . INO. | | | | | | | |

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 1 III and VI for changes of operator well name or number transporter or other such changes.