

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
**Mesa Petroleum Co.**

Address  
**1660 Lincoln Street, Denver, CO 80264**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      Dry Gas

Recompletion       Oil       Casinghead Gas       Condensate

Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

III. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Suter</b>	Well No. <b>4A</b>	Pool Name, including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-01090</b>
Location				
Unit Letter <b>E</b>	<b>1640</b> Feet From The	<b>North</b> Line and	<b>850</b> Feet From The	<b>West</b>
Line of Section <b>15</b>	Township <b>32N</b>	Range <b>11W</b>	, NMPM, <b>San Juan</b> County	

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Permian Corporation</b>	<b>P.O. Box 1183, Houston, Texas 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>El Paso Natural Gas Co.</b>	<b>P.O. Box 990, Farmington, NM 87401</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<b>E</b>	<b>15</b>	<b>32N</b>	<b>11W</b>
Is gas actually connected?	When			
<b>Yes</b>	<b>10/16/75</b>			

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>(X)</b>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D <sub>1</sub> , RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

VI. 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)

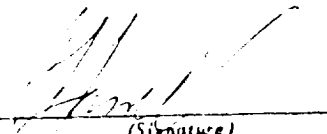
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

  
(Signature)  
**Operations Manager**  
(Title)  
**4/22/81**  
(Date)

OIL CONSERVATION DIVISION  
**APR 27 1981**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT # \_\_\_\_\_

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.  
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.