

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MESA OPERATING LIMITED PARTNERSHIP		Well API No. 30-045-27480
Address P.O. BOX 2009 AMARILLO, TX 79189		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FC DECKER PRIMO COM	Well No. #2	Pool Name, Including Formation CEDAR HILL FRUITLAND COAL	Kind of Lease State, Federal or <u>Fee</u>	Lease No. -
Location Unit Letter <u>H</u> : <u>2025</u> Feet From The <u>NORTH</u> Line and <u>1330</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>32N</u> Range <u>10W</u> , <u>NMPM</u> , <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
MESA OPERATING LIMITED PARTNERSHIP	P.O. BOX 2009 AMARILLO, TX 79189					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					NO	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/24/90	Date Compl. Ready to Prod. 4/11/91		Total Depth 2848'		P.B.T.D. NA			
Elevations (DF, RKB, RT, GR, etc.) 6073' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 2470'		Tubing Depth 2475'			
Perforations NA					Depth Casing Shoe -			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		235'		150 SX CL B			
8 3/4"	7"		2470'		475 SX CL B			
	2 7/8		2475					

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED APR 29 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 1764	Length of Test 24 HRS	Bbls. Condensate/MMCF NA	Gravity of Condensate DIST. 2
Testing Method (pilot, back pr.) PITOT	Tubing Pressure (Shut-in) 1290 PSIG	Casing Pressure (Shut-in) 1290 PSIG	Choke Size OPEN

VI. OPERATOR 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 Deana R. Rea
Printed Name DEANA R. REA Title ADMIN. CLERK
Date 4-24-91 Telephone No. (806) 378-1000 EXT. 1280

OIL CONSERVATION DIVISION

Date Approved APR 29 1991

By Bill J. Chang
Title SUPERVISOR DISTRICT #3

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.