NO. OF COPIES RECEIVED		•					1	
DISTRIBUTION	NEW	MEXICO OIL C	ONICEDY/ATION	COMMISSION		Fram C 104	1	
SANTA FE /	NEW		FOR ALLOWA			Form C-104 Supersedes Old C-104 and C-110		
FILE	_	IVE GOEST	AND	.000		Effective 1-1-		
U.S.G.S.	AUTHORI74	TION TO TRA		AND NATH	RAL GAS			
LAND OFFICE	AO ITIORIZA	(110)( 10 110)		7110 1171107	., 0,.0			
TRANSPORTER OIL GAS /								
OPERATOR /								
PRORATION OFFICE								
Operator								
Mesa Petroleum Co.								
P.O. Box 2009, Amar	illo, TX	79189	10.6	(Please explai				
Reason(s) for filing (Check proper box)	Gb ( - 71		Officer	Trease explai	<i>(1)</i>			
New Well X	Change in Trans	$\overline{}$	_					
Recompletion	Oil	Dry Ga						
Change in Ownership	Casinghead Gas	Conder	isdie					
If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND L	EASE							
Lease Name Well No. Pool Na						(ind of Lease		
State Com S	anco Mesaverde State,			ate, Federal or Fed	State			
Location Unit Letter D ; 790	Feet From The	North Lin	e and 1190'		From The	West		
	<del></del>							
Line of Section 36 , Town	ship 32N	Range	12W	, NMPM,	San	Juan	County	
II. DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil	ER OF OIL AND	NATURAL GA	ıs	address to whic	h approved	copy of this form is	s to be sent)	
	D.O. Day 1500 Harmington NM							
Inland Corporation Name of Authorized Transporter of Casi	P.O. Box 1528, Farmington, NM Address (Give address to which approved copy of this form is to be sent)							
		r Dry Gas 🗔	,			•		
El Paso Natural Gas	Unit Sec.	Twp. Rge.	P.O. BOX	< 1492	EI Pas	0, TX /9	978	
If well produces oil or liquids, give location of tanks.	omit sec.	inter			:	200n 22 n	oggihlo	
	<del></del>		No_			soon as p	OPPIDIE.	
If this production is commingled with	that from any oth	er lease or pool,	give commingli	ing order numb	er:			
V. COMPLETION DATA	Cil Wel	ll Gas Well	New Well W	orkover Dee	pen P	lug Back Same R	es'v. Diff. Res'v.	
Designate Type of Completion	1 - (X)		1 1	1 -	 	* {	1	

Date Compl. Ready to Prod.

5/9/78

Name of Producing Formation

CASING & TUBING SIZE 3/4"

<u>/2"</u>

3/8"

Mesaverde

10\_

Date of Test

Oil - Bbls.

Tubing Pressure

Length of Test

Tubing Pressure

SITP =

hours

872

**ヮ**゙゙゙゙゙

State County s form is to be sent) is form is to be sent) 79978 as possible Same Res'v. Diff. Res'v. P.B.T.D. Total Depth 5591' 5525 Tubing Depth 2 1/16 @ Top Oil/Gas Pay 2834 2 3/8 @ 5406 Depth Casing Shoe 4492' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET 2041 200 585 3227 335 sxs 3027 Liner V. TEST DATA AND REQUEST FOR ALLOWABLE 16" (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) Producing Method (Flow, pump, gas lift, etc.) Choke Size Casina Pressure Gas - MCF Bbls. COLA Gravity of Condensate Bbls. Condensate/MMCF Choke Size Casing Pressure **75**" OIL CONSERVATION COMMISSION APPROVED SUPERVISOR DIST. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened

VI. CERTIFICATE OF COMPLIANCE

Date Spudded

Blanco

Perforations

8

6

Length of Test

**GAS WELL** 

Pool

3/18/78

4492' - 5498'

3/4"

3/4"

1/8"

Actual Prod. During Test

Actual Prod. Test-MCF/D

2754

Pitot

Testing Method (pitot, back pr.)

HOLE SIZE

Date First New Cil Run To Tanks

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

& Prod Supervisor,

(Title)

(Date)

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.