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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

**OIL CONSERVATION DIVISION**

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator MESA OPERATING LIMITED PARTNERSHIP	Well API No. 30-045-27908
Address P.O. BOX 2009, AMARILLO, TEXAS 79189	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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 FEE COM	Well No. # 2	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>K</u> : <u>2100</u> Feet From The <u>south</u> Line and <u>1610</u> Feet From The <u>west</u> Line Section <u>30</u> Township <u>32N</u> Range <u>11W</u> , <u>NMPM</u> , San Juan 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 Ltd Partnership	P.O. Box 2009, Amarillo, Texas 79189
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?

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 11/27/90	Date Compl. Ready to Prod. 2/6/91	Total Depth 3180'	P.B.T.D. 3111'					
Elevations (DF, RKB, RT, GR, etc.) 6429' GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2798'	Tubing Depth 3074'					
Perforations Fruitland Coal 2798'-3041'			Depth Casing Shoe					
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	222'	150 sx Class "B"					
7 7/8"	5 1/2"	3180'	535 sx "B"					
	2 3/8"	3074'						

**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.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D 141	Length of Test 24 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) 700	Choke Size 1.250"

**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  
Carolyn L. McKee, Sr. Regulatory Analyst  
Printed Name  
2/7/91  
Date  
(806) 378-1000  
Title  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **FEB 11 1991**  
By Original Signed by FRANK T. CHAVEZ  
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.