## 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

3074/2

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSPO	RT OIL	AND NA	TURAL GA						
Operator MESA GRANDE RESOURCES, INC.						Well API No. 30-039-24204						
Address 1200 Philtower Buildi	na. Tul	sa. Ok	lahom	a 74	103			P R	9 PB G			
Reason(s) for Filing (Check proper box)						er (Please expla	zin)	7		<del> </del>	- + 1	
New Well		Change in	-	er of:				· · · · · · · · · · · · · · · · · · ·	,	•	·	
Recompletion	Oil Coringbood	_	Dry Gas Condensa					-	19 19 1	iz Jy		
Change in Operator	Casinghead	[ Cas	Conocus				· ·	- 911	4.7.	t Div	<u> </u>	
and address of previous operator									D. H.		·	
II. DESCRIPTION OF WELL												
Lease Name BANSHEE		Well No.			ing Formation	-Graneros		of Lease Federal or Fe	2	Lease No.		
Location	L	<del></del>	<u> </u>	i dii di	CCITIOTI	Dakota	, [,		<del>-</del>			
Unit LetterE	1800	)	Feet From	n The	North Line	and	900. <sub>E</sub>	eet From The	West		Line	
Section 15 Township	25N		Range	2W			Rio Arri		•	Coun		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Oil	X	or Conden	sate			e address to whe					499	
Name of Authorized Transporter of Casing	head Gas	<b>X</b> .	or Dry Gas		Address (Give address to which approved El Paso Natural Gas, Bo			copy of this fox 990,	orm is to b Farmir	e sent) ngton,	NM 874	499
If well produces oil or liquids,		Sec.	Twp.		Is gas actually	y connected?	When	17				
give location of tanks.	E		25N	2W	No							
If this production is commingled with that f IV. COMPLETION DATA	rom any otne	ricase or	pool, give	comming	nug order num	er:						
Designate Type of Completion	· (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res	'v Diff Re	es'v	
Date Spudded	Date Compl			<del></del>	Total Depth	L	1	P.B.T.D.		9		
5/24/88		8/08/89			80981			8070 ·				
Elevations (DF, RKB, RT, GR, etc.) 7315 GR, 7327 KB	Name of Producing Formation Carlile, Greenhorn,			Top Oil/Gas Pay 7597 1			Tubing Dep	Tubing Depth 7.747 t				
Perforations 9 holes 7597'-	li-ranarı	AC 113	VATA		1 3': 8 ho		-7721	Depth Casir		<u></u>		
	5 holes	s 7760	<b>'-777</b> (	o'; 7 I	noles 78°	13' <b>-</b> 7827'	; 3 hole	es 78451	-78 <u>54</u>			3851
					CEMENTING RECORD 7898';							•
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT holes				7980 7980	
12 1/4" 7 7/8"	9 5/8" 5 1/2"			362 ' 8070 '			165 sx. 1080 sx.				7300	
5 1/2"	2 7/8"			7747								
	T FOR A	T L OTH	ADIE					<u> </u>	<del> </del>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	the equal to or	exceed top allo	wable for th	is depth or be	for full 24	hours.)		
Date First New Oil Run To Tank	Date of Test		oj 1000 010			ethod (Flow, pu			, <u>, , , , , , , , , , , , , , , , , , </u>			
8/08/89	8/08/89			FLOWI		To the Cine	Chaka Sina					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
48 hours Actual Prod. During Test	250 Oil - Bbls.			Water - Bbls.			Gas- MCF					
	14			20			1.2 MMCFG					
GAS WELL									•			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate					
The Maked (sies hash so )	Tubing Pres	ubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tuoing 116	, o.c.	· <b></b> ,			,						
VI. OPERATOR CERTIFIC	ATE OF	COME	LIAN	CE			.05:51		D	NON.		
I 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.					DEC A 4 1000							
is the and complete to the best of thy knowledge and benefit.					Date	Date Approved						
Clan P. Emmercialer					D	Original Signed by FRANK T. CHAVEZ						
Signature Alan P. Emmendorfer Geologist					by_	Dy						
Printed Name			) 587-	ا ۱۵۱۵	Title	S)	UPERVISOR	DISTRICT 語達				
10/25/89	<u> </u>											
Date		Tele	ephone No			<u> </u>						

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.