

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

BK.

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
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Mesa Petroleum Co.	
Address 1660 Lincoln Street, Suite 2800, Denver, CO 80264	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name South Blanco State 36	Well No. #3	Pool Name, including Formation Lybrook-Gallup	Kind of Lease State, Federal or Fee State NMLG	Lease No. 1034-2
Location Unit Letter <u>G</u> ; <u>1670'</u> Feet From The <u>North</u> Line and <u>660' / 1670</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>24N</u> Range <u>8W</u> , NMPM, <u>San Juan County</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington, NM 87417					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1660 Lincoln Street, #2800, Denver, CO 80264					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>36</u>	Twp. <u>24N</u>	Rge. <u>8W</u>	Is gas actually connected? <u>No</u>	When <u>ASAP</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>1/5/81</u>	Date Compl. Ready to Prod. <u>2/9/81</u>	Total Depth <u>5650'</u>		P.B.T.D. <u>5606'</u>					
Elevations (DT, RT, GR, etc.) <u>6901' GL ungraded</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>5330'</u>		Tubing Depth <u>5565'</u>		Depth Casing Shoe <u>5650'</u>			
Perforations <u>5490'-5561' & 5330'-40'</u>									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8" csg</u>	<u>258'</u>		<u>230' sxs Class "B"</u>					
<u>7 7/8"</u>	<u>4 1/2" csg</u>	<u>5650'</u>		<u>400' sxs 50/50 pos, 683</u>					
				<u>sxs 65/35 posmix</u>					
	<u>2 3/8" tbg</u>	<u>5565'</u>							

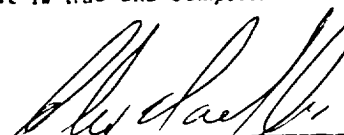
IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>2/26/81</u>	Date of Test <u>2/26/81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>25 psi</u>	Casing Pressure <u>25 psi</u>	Choke Size <u>open</u>
Actual Prod. During Test <u>55 BO</u>	Oil - Bbls. <u>55 BO</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>60</u>

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

V. 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)
Division Drilling Supervisor
(Title)
March 2, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 6 1981, 19_____
Original Signed by FRANK T. CHAVEZ
BY SUPERVISOR DISTRICT #3
TITLE _____

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 filled for each pool in multiply completed wells.