

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED
MAR 05 1984
OIL CON. DIV.
DIST. 3

Box 16200 Lubbock, Texas 79490

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain):

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

DESCRIPTION OF WELL AND LEASE.

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State of New Mexico 36	13	Lybrook-Gallup Ext.	State, XXXXXX XXXXXX	L-2986

Location

Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West

Line of Section 36 Township 24N Range 8W, NMPM, San Juan County

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)
Permian Corporation	P. O. Box 1183 Houston Texas 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Mesa Petroleum Co.

If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 24N	Rge. 8W	Is gas actually connected? yes	When 3/1/82
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Elevations (SE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Coasting Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS BELL

Actual Field Test-MCF/D	Length of Test	Boiler Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In)	Coating Pressure (Shot-In)	Chase Size

CERTIFICATE OF COMPLIANCE

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.

Accounting/Revenue Production Supervisor
(Title)

2/28/84

(1010)

OIL CONSERVATION DIVISION

APPROVED MAR 05 1984, 19

BY Frank J. Cava
TITLE SUPERVISOR DISTRICT # 3

This form is to be filled in compliance with NULZ 1106.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE III.

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 IV for changes of owner,
well name or number, or transporter, or other such change of condition.