ENERGY AND MILIERALS DEPARTMENT

OF OFFICE STREET

## OIL CONSERVATION DIVISION

P. O. HOX 2088

SANTA FE, NEW MEXICO 87501

	REQUEST FOR ALLOWABLE					
TRANSFURTER GAS AND						
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
•.	(Uperalat .					
	Mesa Petroleum Co.					
	1660 Lincoln Street, #2800, Denver, CO 80264					
	Reoson(s) for filing (Check proper box)  Other (Please explain)					
	New Well					
	Recompletion	**				
	Change in Ownership Casinghead Gas Condensate XX					
	If change of ownership give name					E 5000
	and address of previous owner					<u>E-52226</u> E-3374
п.	DESCRIPTION OF WELL AND			<del></del>		E-4426
	Lease Name Well No. Pool Name, Including F					Lease No.
	State Com G	State com a 12   Branco nesaverde		1 31010, 7 00010	State	<u> </u>
	Unit Letter L : 16!	50 Feel From The South Lin	ne and 990	Feet From	The West	
	Line of Section 32 To	wnship 29N Range 8	W , NMPN	. San Ju	ıan	County
111	DECIENATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıc			
111.	Nome of Authorized Transporter of Ol	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 X		Address (Give address to which appro		ldg., 1507 Pacific Ave.	
		Unit Sec. Twp. Rge.	Is gas actually connect			s. Texas
	If well produces oil or liquids, give location of tanks.	N 36 32N 12W	Yes	į	6/12/52	.5, TCAUS
	If this production is commingled wi	th that from any other lease or pool,	give commingling orde	r number:		
IV.	COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res					
	Designate Type of Completi-	on = (X)		!	1	!
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<del>-</del>	P.B.T.D.	
	Elevations (D) Y. RT. GR. etc.	Name of Producing Formation	Top Otl/Gas Pay		Tubing Depth	
	Elevations (D) N, RT, GR, etc.; Name of Producing Formation					
	Perforations		<u></u>		Depth Casing Shoe	
				-		····
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
	HOLE SIZE	CX3:NG & TODING SIZE	32		1	
					<u> </u>	
	TOO DATA AND DECUTET E	OR ALLOWARIE (Test Time be a	free recovery of early walk	me of load oil	and must be equal to or e	read top allo
<b>v.</b>	TEST DATA AND REQUEST FOR ALLOWABLE  (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 Steel New Oil Buy To Topks.   Date of Test   Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow	u, pump, gas li	ji, eic.)	
	Length of Test	Tubing Piessure	Cosing Pressure		Chole Site	
						1 100
	Actual Prod. During Test	Oil-Bbls.	Water-Bbla.		Gen-MCF	
					4 3 7 7 7	31-}
	GAS WELL				J ALK .	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F	Charty of Condensate	3 /
					100	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coaing Freezus (Shut	-18)	Choke Si	•
	CERTIFICATE OF COMPLIANCE		Oil C	ONSERVA	HAN DIVISION	
٧١.	CERTIFICATE OF CONFLIANCE		II A	OIL CONSERVATION DIVISION		
	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.		APPROVED		TOTAL TOTAL TOTAL	19
			BY			
			TITLE	SUPERVISOR DISTRICT # 3		
	1;1		This form is to be filed in compliance with RULE 1104.			
	"Hant!		If this is a rec	ueat for allow	wable for a newly drille	ed or despens
	/ (Signature)		well, this form mus	t be accompa well in acco	inled by a (shulation o) rdance with RULE 111	fihe deviction.
	Operations Manager		All acctions of this form must be filled out completely for allow			
	(Title)		able on new and recompleted wells.			

4/22/8]

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

Separate Forms C-104 must be filed for each pool in multiple completed wells.