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	NO. OF COPIES RECEIVED	_				
	SANTA FE	NEW MEXICO OIL CO	Form C-104 Supersedes Old C-104 and C-1			
	FILE	REQUEST	REQUEST FOR ALLOWABLE			
	+		AND	~ A C		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	OIL /					
	TRANSPORTER GAS /	†				
	OPERATOR					
Ι.	PRORATION OFFICE					
	Operator					
	Mesa Petroleum Co.  Address					
	P.O. Box 2009, Amari		104 (01			
	Reason(s) for filing (Check proper bo		Other (Please explain)			
	New Well	Change in Transporter of	_			
	Recompletion	Oil Dry Ga				
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name and address of previous owner	A DAGE				
11.	DESCRIPTION OF WELL AND	Lease No.   Well No. Fool Nac	me, Including Formation	Kind of Lease		
		_	o Mesaverde	State, Federal or Fee State		
		00 Feet From The South Lin	e and 1450' Feet From	- Course		
	Line of Section 36 To	ownship 29N Hunge 8	W , NMPM, San J	Mau		
III.	DESIGNATION OF TRANSPOR	or Condensate X	Address (Give address to which appropriate P.O. Box 1528 Farmingt Address (Give address to which appropriate to which appropriate to the propriate to the propr			
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas 🔀	Address (Give address to which appr	oved copy of this form is to be sent)		
	El Paso Natural Gas Company P.O. Box 990, Farmington, NM 87401					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	.5 445	hen		
	give location of tanks.		No			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Weil Workover Deepen Plug Back Same Resty. Diff. Res					
	Designate Type of Complet		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6/23/78	7/31/78	56651	5633'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation.	Top Oil/Gas Pay	Tubing Depth		
	6431' DF. 6432' KB.	Mesaverde	4696'	5547 '		
	Perforations 6417 G1		-	Depth Casing Shoe		
	371, 31	4696-4830 5070-5082	5320-5611' D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	10.04.11	10 0//!!	2201	150 eve "B"		

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

4 1/2" 3/8" @ 5547 and

Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Tubing Pressure	Casing Pressure	Choke Size	
Oil-Bbis.	Water - Bbls.	Gas - MCF	
-	Tubing Pressure	Tubing Pressure Casing Pressure	

1/4" @ 2972'

3355'

5654**'** 

GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D 4336' Casing Pressure Choke Size Tubing Pressure Testing Method (pitot, back pr.) 75" 346 Pitot

## VI. CERTIFICATE OF COMPLIANCE

9 7/8"

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Frank Jours	
(Signature)	
Staff Engineer	
(Title)	

8/30/78 NMOCC (5), J. Archer (Date)

OB	CONSERVA	TION	COMMISSION
$\circ$	COMPERVA	1 1011	

175 sxs Lite & 100 sxs

325 sxs

APPROVED.		. !	<u> </u>	, 19
	Digned to the	 3 % 4	Kendrick	
TITL 5	YTENING .			

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 filed for each pool in multiply completed wells.