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

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

•	Т	OTRA	NSP	ORT OIL	AND NAT	TURAL GA					
MESA OPERATING LIMITED PARTNERSHIP								Well API No. 30-045-08686			
Address P.O. BOX 2009, AMARI	LLO, TE	XAS 7	9189								
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		Change in		as 🔲		tive Dat		L/90			
change of operator give name								-			
nd address of previous operator				-							
I. DESCRIPTION OF WELL Lease Name FOGELSON "2" COM	Well No.   Pool Name, Including 1   Basin Da				9			Lease Lease No.			
ocation Unit Letter	_:155	50	Feet F	rom TheS	outh Line	and145	0Fe	et From The	east	Line	
Section 2 Townshi	29N		Range	11W	, NI	<b>лрм,</b> S	an Juan			County	
II DESIGNATION OF TRAN	CDADTE	OFO	TT A.N.	III NATUU	DAL CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conder		X		e address to wh	nich approved	copy of this f	orm is to be se	nt)	
GIANT REFINING CO.	NT REFINING CO.					P.O. BOX 12999, SCOTTSDALE, AZ 85267					
ame of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79998						
If well produces oil or liquids, jive location of tanks.	Unit J	<b>Sec.</b> 2	<b>Twp.</b> 29	Rge.	Is gas actually Ye		When	?			
f this production is commingled with that  V. COMPLETION DATA	from any othe	r lease or	pool, gi	ive commingl	ing order numl	per:					
	~~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>	<del></del>		<del></del>	l		-	Depth Casir	ng Shoe		
	T	UBING.	CAS	ING AND	CEMENTI	NG RECOR	.D	!			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET SACKS CEMENT					
			<u>-</u> -								
V. TEST DATA AND REQUE					he equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou		
Date First New Oil Run To Tank					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure Choke Size						
Actual Prod. During Test	Oil - Bbls.				Water - B	PEG	EIA	Ga-MCF			
GAS WELL			· <u>-</u> ·		U	U	0.1000	U			
Actual Prod. Test - MCF/D	Length of	l'est .			Bbls. Conder	sale/MMGF1	<del>6 1990</del>	Gravity of	Gondensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Presente ShuCON. DIVChoke Size					
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE	1			ATION	DIME		
I hereby certify that the rules and regularision have been complied with an	that the infor	nnation gi		ve	1		NOEHV.		1 6 1990		
is true and complete to the best of my	Morredge at				Date	e Approve			d		
Signature Carolyn L. McKee,	Regulato	ory An			By_	<u></u>		PERVISO	H DISTRI	CT #3	
Printed Name 7/1/90	(806)	378-1	Title .000		Title	·				<del></del>	
Date		Te	lephone	No.							

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.