OIL CONSERVATION DIVISION

1.77	FIRE AND IMPRESSALE DELANTIMENT	OH CONSERV	ATION DEVISE	CYM	Revise	d 10-1-78	
	DISTRIBUTION		IOX 2088	014			
	SANTAFE		W MEXICO 87501	I			
	F11.F	¥					
	LAND OFFICE	LAND OFFICE					
	THANSPORTER CIL	REQUEST FOR ALLOWABLE					
	OPERATOR GAS	AUTHORIZATION TO TRAN	AND SPORT OIL AND NATI	HIDAL CAS			
1.	PROBATION OFFICE Operator	NOTIONIZATION TO TRAIT		JRAL GAS			
	Mesa Petroleum Co.						
	Address	S. 11 . 0000 D	00064				
	1660 Lincoln Street, Suite 2800, Denver, CO 80264 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Wall Change in Transporter of:						
	Recompletion	OII Dry Gos					
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL AND	TEASE					
	Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease	,	Lecsa No.	
	Trieb Federal 2F Blanco Mesav		rerde State, Fede		eral or Fee SF078204		
	Unit Letter B : 950 Feet From The North Line and 1550 Feet From The East						
	Line of Section 33 T	ownship 30N Range	10W , NMP1	⊶ San Jua	n County	County	
Ш.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS				
	Name of Authorized Transporter of Cil or Condensate [X] Address (Give address to which approved copy of this form is to be sent)						
	Inland Corp. P. 0. Box 1528, Farmington, NM 87417 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to						
	El Paso Natural Gas Co.		P. O. Box 990, Farmington, NM 87401				
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actual					<u></u>	
	give location of tanks.						
		with that from any other lease or pool,	, give commingling orde	r number:			
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v	
	Designate Type of Complet	ion - (X)	X	!	I I	!	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	5/3/80	10/23/80	7110' Top Oil/Gas Pay		70831		
	Elevations (D) R, RT, GR, etc.)	l l			Tubing Depth		
	6110 GR	Mesaverde	4262'		2652 Depth Casing Shoe		
		4882-59', 4765-81 <u>', 4591</u>	-03', 4329-15',	4295-621	7106' KB		
	, , , , , , , , , , , , , , , , , , , ,		CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT	
	15"	· 10 3/4" casing	241' KB		250 sx:		
	7"	8 3/4 casing	2854 '		300 sxs		
		4 1/2" liner	7106'		575, s x	3	
•	TECT DATA AND BEQUEET E	FOR ALLOWABLE (Test must be a	1	of load oil a	I and must be equal to or	e arceed top allow	
١.	OIL WELL	able for this d	epth or be for full 24 hours	ime of tona ott a s)	ind miss of agual to or	exceed top attou	
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	e, pump, gas lift	, etc.if		
					I AFI'		
	Length of Test	Tubing Pressure	Casing Pressure	4	1000		
Ì	Actual Prod. During Test	Oil-Bbis.	Water + Bbls.		Gar NOW	<i>40</i> 1	
					UL CO. 6 196		
				,	OIL CON COIM	O F	
	GAS WELL Actual Frod. Tool-MCF/D	Length of Test	Bbls, Condensate/MMC	F	Grayity of Condensat		
	2776 MCFD	3 hrs	trace		691		
-	Testing histhod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shot	-112)	Chake Size		
í	Back Pressure	1000 psig	1000 SICP		.075		
VL (CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION				
				nec	111980	10	
1	hereby certify that the rules and regulations of the Oil Conservation division have been complied with and that the information given		Original Signed by FRANK T. CHAVEZ				
4	Division have been complied with	BY Ungalai Sig	BY Unginal Signed by PKANK 1. CHAVEZ				
			TITLE SUPERVISOR DISTRICT # 3				
		11					
	belle Windle		This form is to be filed in compliance with RULK 1104. If this is a request for allowable for a newly drilled or despended				
windered - and - want from the of the second			If this is a request for allowable for a heavy control of the deviation				

(Signature)

Division Drilling Supervisor

October 31, 1980

(Tide)

well, this form must be accompanied by a tabulation of 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 walls.

Fill out only decrines I. B. Hi. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separete Forms C-104 must be filed for each pool in multiply completed wells.