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 1-1-89
See Instructions
at Bottom of Page

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

·	T	O TRA	NSP	ORT OIL	AND NAT	TURAL GA					
Perator MESA OPERATING LIMIT			Well API No. 30-045-11019			7					
ddress P.O. BOX 2009, AMARI	LLO, TE	XAS 79	9189								
eason(s) for Filing (Check proper box)  (ew Well  ecompletion  hange in Operator	Oil Casinghead	Change in	Transpo Dry Ga Conder	ıs 🔲	_	tive Date		./90			
change of operator give name											
L DESCRIPTION OF WELL	AND LEA	SE									
ease Name PRIMO	Well No. Pool Name, Including							Lease No. 078215B			
Cocation Unit LetterK	: 1650	0	Feet F	rom The _S	outh Lin	and	Fex	et From The	west	Line	
Section 6 Township	31N	<u>.                                    </u>	Range	10W	, N	мрм, Sa	n Juan			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATIII	RAL GAS						
Name of Authorized Transporter of Oil GIANT REFINING CO.						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 12999, SCOTTSDALE, AZ 85267					
Name of Authorized Transporter of Casing SUNTERRA GAS GATHERIN	orized Transporter of Casinghead Gas RA GAS GATHERING CO.  or Dry Gas X					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 26400, ALBUQUERQUE, NM 87125					
f well produces oil or liquids, ive location of tanks.	Unit K	<b>Sec.</b> 6	Twp. 31	Rge. 10	Is gas actuali	s gas actually connected? When ? Yes					
this production is commingled with that	from any oth	er lease or	pool, gi	ive commingl	ing order num	ber:					
V. COMPLETION DATA		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Date Spudded Date Compl. Ready to Prod.					Total Depth	1	<u>!</u>	P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
HOLE CITE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD  DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEF III SE !			ONONO OEMENT			
	·										
	<del></del>										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	E I ail and mus	be equal to a	r exceed top allo	owable for thi	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank		Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Fre	Tubing Pressure				Capproguel 2			Choke Size		
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.				JUL2 3 19	390	Gas- MCF		-	
GAS WELL						CON	DIV.				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate MAT. 3			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC						OIL CON	NSERV	ATION	DIVISION	N	
I hereby certify that the rules and regularities of have been complied with and is true and complete to the best of my	d that the info	ormation gi						JUL 2			
Arolin K		Meh	pe	_	il .	e Approve	3.i.	1) E	Die.		
Signature Carolyn L. McKee,	Regulat	ory Ar			By.	<del></del>			DISTRICT	#3	
Printed Name 7/1/90 Date	(806)	378-1			Title	9			<del></del>		
Date		Te	elephone	: IVO.	11						

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.