

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mesa Petroleum Co.	
Address 1660 Lincoln Street, #2800, Denver, CO 80264	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner _____ E-5317,
E-453-8,
E-453-9,

Lease Name State Com J		Well No. 6A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. B-10938- E-5113-1
Location Unit Letter <u>0</u> : <u>850</u> Feet From The <u>South</u> Line and <u>1680</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>31N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 36	Twp. 31N	Rge. 9W	Is gas actually connected? Yes	When 6/6/75

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (D ₁ , RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION APR 27 1981	
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 _____, 19____ BY _____ TITLE _____ SUPERVISOR DISTRICT # _____	
(Signature) Operations Manager (Title) 4/22/81 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multi completed wells.	