NO. OF COPIES R	<u>.</u>					
DISTRIBUT						
SANTA FE						
FILE				_		
U.S.G.S. LAND OFFICE						
		<u> </u>	_			
TRANSPORTER	.	OIL	1			
	GAS	1				
OPERATOR			/_	_		
PRORATION OFFICE			<u> </u>	<u> </u>		
<u> </u>						

-	DISTRIBUTION SANTA FE FILE	REQUEST FO	ISERVATION COMMISSION DR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
- - - - -	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR /		SPORT OIL AND NATURAL O	SAS			
I.	PRORATION OFFICE Operator						
Mesa Petroleum Co. Address							
-	P.O. Box 2009, Amar Reason(s) for filing (Check proper box)		Other (Piease explain)				
	New Well Recompletion	Change in Transporter of: Oil Dry Gas					
[Change in Ownership	Casinghead Gas Condenso	ite []				
•	and address of previous owner						
II.	DESCRIPTION OF WELL AND I	Lease No. Well No. Pool Name	, Including Formation	Kind of Lease			
			nco Mesaverde	State, Federal or Fee Federal			
	Suter Location	1,18					
	Unit Letter C : 86	O Feet From The North Line	and 1945 Feet From	The West			
		mship 32N Range]]		Juan County			
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	awed capy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appro				
	Inland Corporation Name of Authorized Transporter of Cas		P. O. Box 1528, Far Address (Give address to which appro	oved copy of this form is to be sent)			
	El Paso Natural Gas	, <u> </u>	P.O. Box 1492, El P	aso, TX 79978			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. C 13 32N 11W	Is gas actually connected? WI	hen			
		h that from any other lease or pool, g	ive commingling order number:				
IV.	Designate Type of Completic	011 // 011	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	5/14/78	7/18/78	5693	5630			
	Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas Pay	Tubing Depth 5443			
	6271 GR Perforations	Mesaverde	4586	Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD	3692			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	13 3/4	10 3/4	242	200			
	8 3/4	7	3265	250			
	6	4 1/2	5697	230			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be after	ter recovery of total volume of load or oth or be for full 24 hours)	il and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bols.	Water - Bbls.	Gds-MCF			
	CAC WELL			1 373			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	4461	4 hrs.	0				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke \$120 \(\)			
	Pitot	356	731 OU CONSERV	VATION COMMISSION			
VI	. CERTIFICATE OF COMPLIAN	CE					
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. (Signature) Staff Engineer			APPROVED 19 19 Original Signed by A. R. Kendrick				
			TITLE SUPERVISOR DECAR				
			1	n 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 allow-				

F. Pauch	
(Signature)	
/ Staff Engineer	
(Title)	

 $\frac{7/17/78}{\text{NMOCC (5)}}$ J. Archer $\frac{(Date)}{}$

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