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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1. Operator
Mesa Petroleum Co.
Address
P.O. Box 2009, Amarillo, TX 79189
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<u>Suter</u>		<u>2A</u>	<u>Blanco Mesaverde</u>	State, Federal or Fee <u>Federal</u>
Location				
Unit Letter	<u>0</u>	<u>790</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>		
Line of Section	<u>12</u>	Township <u>32N</u>	Range <u>11W</u> , NMPM, <u>San Juan</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Inland Corporation</u>	<u>P.O. Box 1528, Farmington, NM</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural Gas</u>	<u>P.O. Box 1492, El Paso, TX</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
		<u>12</u>	<u>32N</u>	<u>11W</u>
				No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		<u>X</u>						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>5/25/78</u>	<u>7/18/78</u>		<u>5794</u>		<u>5708</u>			
Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>6422 GR</u>	<u>Mesaverde</u>		<u>4714</u>		<u>5617</u>			
Perforations					Depth Casing Shoe			
<u>4714-5090, 5160-5316, 5450-5694 Total 190', 1 HPF</u>					<u>5791</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13 3/4</u>	<u>10 3/4</u>		<u>227</u>		<u>125</u>			
<u>8 3/4</u>	<u>7</u>		<u>3408</u>		<u>220</u>			
<u>6</u>	<u>4 1/2</u>		<u>5791</u>		<u>325</u>			
	<u>2 3/8</u>		<u>5617</u>					

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 allowable 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>3193</u>	<u>4 hrs.</u>	<u>0</u>	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>Pitot</u>	<u>254</u>	<u>530</u>	<u>.75"</u>

VI. CERTIFICATE OF COMPLIANCE

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.

Chad Crouch
(Signature)
Staff Engineer
(Title)
8/10/78
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 21 1978, 19_____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR

This form is to be filed in 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 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