ĺ	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form $\not{c}$ -104
	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE /		AND	AS
	LAND OFFICE	AUTHORIZATION TO TRAF	NSPORT OIL AND NATURAL G	40
	IRANSPORTER OIL /			
	GAS			
	OPERATOR /			
I.	PRORATION OFFICE			
		60		
	Mesa Petroleum Co.			
	P.O. Box 2009, An	narillo, TX 79189		
Reason(s) for filing (Check proper box) Other (Please explain)   New Well X				
	Recompletion			
	Change in Ownership	Casinghead Gas Condens	sate	
I	If abarra of augustabia give name			
	If change of ownership give name and address of previous owner			
11.	Lease Name Lease No. Well No. Pool Name, Including Formation East Kind of Lease			
Suter 2A Blanco Pictured Cliffs State, Federal or Fee Federal or Fee   Location Unit Letter 0 ; 790 Feet From The South Line and 1650 Feet From The East				State, Federal or Fee Federal
				he East
				County
	Line of Section 12 Town	nship 3.2N .tunge L		
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	d com of this form is to be sent
	Name of Authorized Transporter of Oil or Condensate X   Address (Give address to which approved copy of this form is to be sent)     Tnland Corporation   P.O. Box 1528, Farmington, NM			
	Inland Corporation	inghead Gas or Dry Gas X	P.O. BOX 1528, Farm Address (Give address to which approv	ed copy of this form is to be sent)
	El Paso Natural Gas		P.O. Box 1492, El P	aso,TX
	If well produces cil or liquids, Unit Sec. Twp. Rge. Is		Is gas actually connected? When	
	give location of tanks.	12 <u>32</u> N 11W	No	
	If this production is commingled with	h that from any other lease or pool, i	give commingling order number:	
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	n - (X) X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	5/25/78	7/18/78	5794	5708 Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 3168	3152
	6422' GR	Pictured Cliffs	3188	Depth Casing Shoe
	3168-3190 22'	1 HPF	•	5791
			CEMENTING RECORD	SACKS CEMENT
	HOLESIZE	CASING & TUBING SIZE	227	125
	13 3/4	10 3/8	3408	220
	<u> </u>	4	5791	325
	0		· · · · · · · · · · · · · · · · · · ·	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil (	and must be equal to or exceed top allow-
	OIL WELL Date First New Cil Hun To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lij	(t, etc.)
	Date First New Cil Hun 10 1 anks			en de la constante de la consta La constante de la constante de
	Length of Test	Tubing Pressure	Casing Pressure	
			Water-Bbis.	
	Actual Pred. During Test	Cil-Bbis.	Water-BDIS.	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	745	4 hrs/	Casing Pressure	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure 52	282	.75"
	Pitot			ATION COMMISSION
VI	. CERTIFICATE OF COMPLIAN	CE		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19
	Generates have been complied y	with and that the information given	BY Original Signed by A. R. Kendrick	
	above is true and complete to the	best of my knowledge and belief.		
	$\sim$ (			
	$\binom{1}{5}$ $\binom{1}{5}$ $\binom{1}{5}$ $\binom{1}{5}$		This form is to be filed in	compliance with RULE 1104.
	_ (Drad (2)	Certify	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- able 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.	
		ature)		
	Staff Engin	neer		
	8/10/7	8		
	(D)	(Date)		st be filed for each pool in multiply
	NMOCC (5) I Archor		Separate Forms C-104 must be filed for each pool in multiply	

