

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAY -1 '89

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

| | | |
|--|---|------------------------------|
| Operator GENERAL ATLANTIC RESOURCES, INC. | | Well API No. 30-005-61821 |
| Address 410-17th Street, Suite #1400, Denver, Colorado 80202 (303) 573-5100 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | CHANGE IN OPERATOR |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator Mesa Operating Limited Partnership, 1000 Vaughn Bldg. Midland, Texas 79701 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|----------------|--|------------------|---|----------------------|
| Lease Name MESA STATE COM | Well No. #2 | Pool Name, including Formation Diamond Mound- | Atoka/ Morrow | Kind of Lease (State) Federal or Fee | Lease No. LG 5644 |
| Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 32 Township 15 South Range 28 East NMPM, Chaves County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|--|--------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil The Permian Corporation | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001 | | | | |
| Name of Authorized Transporter of Casinghead Gas Northern Natural Gas Pipeline | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St., Omaha, NE 68102 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 32 | Twsp. 15S | Rge. 28E | Is gas actually connected? Yes | When? 6/29/83 |
| If this production is commingled with that from any other lease or pool, give commingling order number: N/A | | | | | | |

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|---------------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well X | 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. | | |
| Elevations (DF, RKB, RT, GR, 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 allowable for this depth or be for full 24 hours) | | | |
| Date First New Oil Run To Tank | 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 |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

GENERAL ATLANTIC RESOURCES, INC.

Signature
Shelley L. Keene, Engineering Tech.

Printed Name
4/24/89

Date
4/24/89

Title
(303) 573-5100

Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 1 1989

By Original Signed By Mike Williams

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.