

INTEGRITY		
STATE		
FILY		
U.S.G.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATOR		
PRODUCTION OFFICE		
UPSIDER		

P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.K. xc: USGS (5)
NMOCC (5)
T. L. Slife
Div. Files
Gen. Rec.
C. James.

Mesa Petroleum Co.

Address
1660 Lincoln St., #2800, Denver, CO 80264

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To amend C-104 dated 7/6/81
Recompletion <input type="checkbox"/>	Amended C-104
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
South Blanco Federal 6	#3	Lybrook Gallup Ext.	State, Federal or Fee Federal	NM23050
Location				
Unit Letter	H	Feet From The	North	Line and
	1740		330	Feet From The
			East	
Line of Section	6	Township	23N	Range
			7W	NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mesa Petroleum Co.	1660 Lincoln St., #2800, Denver, CO 80264					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	6	23N	7W	Yes	3/24/81

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

COMPLETION DATA

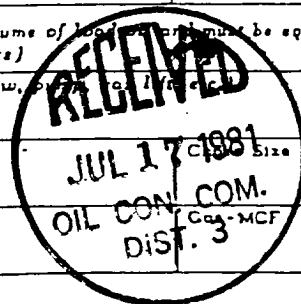
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'y.	DIFF. R.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (Dr., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of liquid and must be equal to or exceed top of well for this depth or be for full 24 hours)

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



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	

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.

Division Productions Supervisor

July 14, 1981

OIL CONSERVATION DIVISION
JUL 17 1981

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of circumstances.

Separate Forms C-104 must be filed for each pool in multi-completed wells.