

DATE RECEIVED	
DISTRICT	
DATE	
TIME	
BY	
OFFICE	
TRANSPORTER	OIL
PRODUCER	GAS
ADDITIONAL OFFICE	
PERIOD	

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

XC: NMOC
State (5)
T. L. Slife
Sharon Cavanaugh
Randy Nordsvon
Kyle Stanley

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Mesa Petroleum Co.

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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 State 36 F	#1	Lybrook Gallup Ext.	State, Federal or Fee State	LG1918
Location				
Unit Letter	F	1840 Feet From The North Line and	1835 Feet From The West	
Line of Section	36	Township	24N	Range 8W, NMPM, San Juan County

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 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.	Rgt.	Is gas actually connected?	When
	F	36	24N	8W	No	ASAP
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	Same Res'ty.	Diff. Res'ty.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5/31/81	8/03/81		5650'		5584'			
Elevations (D/H, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6877' GR.	Gallup		5282'					
Perforations					Depth Casing Shoe			
					5625'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	280'	200 sxs Class "B"
7 7/8"	4 1/2"	5625'	300 sxs 50/50 poz
			350 sxs 65/35 poz
	2 3/8"	5536'	200 sxs 50/50 poz

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

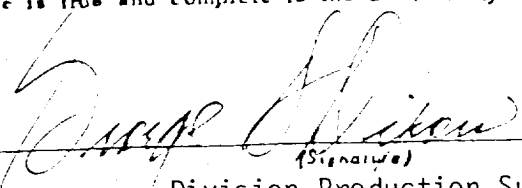
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/4/81	8/3/81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	20 psig	40 psig	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
50 BO	50	-0-	150

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	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 Production Supervisor
(Title)

August 3, 1981
(Date)

APPROVED
Original Signed by FRANK T. CHAVEZ
BY
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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-completed wells.