USGS - 1

Date Stranger ION FILF LAMII OFFICE -

OIL CONSERVATION DIVISION P. O. DOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEFRATOR PRUNATION OFFICE (perotol Mesa Petroleum Co.

| Address | • | | "" | | |
|---|--|--|----------------|---------------------------------------|---------------|
| 1660 Lincoln, Su | ite 2800, Denver, CO 8020 | 64 | | • | |
| Reason(s) for filing (Check proper box) | | Other (Please | explain) | · · · · · · · · · · · · · · · · · · · | |
| New Well X | Change in Transporter of: | | | | |
| Recompletion | OII Dry Gos | | | | |
| Change In Ownership | Casinghead Gas Conden | = 1 | | | |
| enange in our comp | | | | | |
| f change of ownership give name and address of previous owner | | | · | | |
| DESCRIPTION OF WELL AND I | .EASF. | | | | |
| Lease Name | Well No. Pool Name, including Formation | | Kind of Leone | | Ndo-c- |
| South Blanco Navajo 25 | 2 Lybrook, Gallup | Extension | State, Federal | ∘r F•• Navajo | 1-20-845 |
| Location | | | | | |
| Unii Letter 0 : 33 | O Feet From The South Line | and 2000 | _ Feet From T | he East | · . |
| Line of Section 25 Tow | nship 24N Range (| BW , NMPM | • | San Juan | Coun |
| | · | | | | |
| DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | S | | · | |
| Nene of Authorized Transporter of Oil | or Condensate | Address (Give address | o which approv | ed copy of this form is | to be sent) |
| Permian Corporation | | P. O. Box 1183, | Houston. | TX 77001 · · | |
| Hene of Authorized Transporter of Cas | inghead Gas 🚺 or Dry Gas 🔲 | Address (Give address | o which approv | ed copy of this form is | to be sent) |
| _Mesa Petroleum Co. | | 1660 Lincoln St. | . Suite 2 | 800. Denver. Co | 3 80264 |
| | Unit Sec. Twp. Rge. | ls gas octually connect | | | 3 00201 |
| If well produces oil or liquids, give location of tanks. | 0 25 24N 8W | No ASAP | | | |
| Whis reduction is commingled with | h that from any other lease or pool, | give commingling order | number | | |
| COMPLETION DATA | | | | | |
| Designate Type of Completion | n = (X) Oil Well Gas Well | New Well Workover | Deepen | Plug Bock Same Re | s'v. Diff. Re |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | |
| | 9/4/81 | 5850' | | 5702 | 1 - |
| 6/24/8] Elevations (D) 3, RT, CR, etc.; | Name of Producing Formation | Top Oll/Gas Pay - | | Tubing Depth | |
| i | | | | | |
| 6892' | Gallúp | 5364' | | Depth Casing Shoe | |
| Periorations | | | | | 1 |
| 5580-5610, 5554-62; 55 | <u>35-39, 5497-5500, 5484-94</u> | | | 5743 | |
| | TUBING, CASING, AND | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | |
| 12-1/4" | 8-5/8' | 241 ' | | 200 | |
| 7-7/8" | 4-1/2" | 5743' | | 900 | |
| tbg. | 2-3/8" | 5638' | | | |
| | <u> </u> | <u> </u> | | 1 | |
| TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a) able for this de | fier recovery of soial volu psh or be for full 24 hours | 1) | | exceed top a |
| Dote First New Oll Run To Tonks | Date of Test | Producing Mothod (Flow, pump, gas lift, etc.) | | | |
| 9-14-81 | 9-17-81 | Pumpina | | | |
| Langth of Test | Tubing Pressure | Cosing Pressure | _ campening. | Choke Size | |
| 24 hrs. | 20'psi . | 20 psi | • | N/A | |
| Actual Prod. During Test | OII-Bbla. | Water-Bbls. | | Cos-MCF | |
| · Meladi biodi merrit i ee. | | | | | |

CERTIFICATE OF COMPLIANCE

50 bbls

Actual Prod. Tost-MCF/D

Testing Method (pitot, back pr.)

GAS WELL

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.

Tubing Piesewe (Ehut-in)

50

Length of Test

APPROVED. Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3

OIL CONSERVATION

This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despe

Separate Forms C-104 must be filed for each pool in mult proported wells.

GAL CON. COM

DIST 3

(Signalwa) Division Production Supervisor (Tille)

-0-

Bbls. Condenscie/MMC

Coaing Fressure (Shut

wall, this form must be accompanied by a tabulation of the deviat tests taken on the wall in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections 1. II, III, and VI for changes of our wall name or number, or transporter, or other such change of condit

9/21/81 100101

100