

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

IS THIS WELL A NEW WELL?	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mesa Petroleum Co.

Address 1660 Lincoln Street, #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"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal</u>	Well No. <u>11E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF07929</u>
Location Unit Letter <u>P</u> : <u>1190</u> Feet From The <u>S</u> Line and <u>1190</u> Feet From The <u>FFI</u>				
Line of Section <u>23</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> 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)
<u>Permian Corporation</u>	<u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit P Sec. 23 Twp. 26N Rge. 6W</u>	<u>No</u> <u>ASAP</u>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <u>10/31/80</u>	Date Compl. Ready to Prod. <u>5/19/81</u>		Total Depth <u>7293'</u>		P.B.T.D. <u>7251'</u>			
Elevations (D) <u>6370' GR.</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>6934'</u>		Tubing Depth <u>6880'</u>			
Perforations <u>6934' - 7234'</u>					Depth Casing Shoe <u>7293'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>8 5/8" 24#</u>	<u>330'</u>	<u>225 sxs Class "B"</u>
<u>7 7/8"</u>	<u>5 1/2" 15.5 & 17#</u>	<u>7293'</u>	<u>755 sxs 50/50 poz.</u>
			<u>150 sxs Light</u>
	<u>2 1/16"</u>	<u>6880'</u>	

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

OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	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 <u>2622 MCF/D</u>	Length of Test <u>3 Hours</u>	Bbls. Condensate/MMCF <u>-0-</u>	Gravity of Condensate <u>N/A</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1980 psig</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>.750</u>

CERTIFICATE OF COMPLIANCE

<p>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.</p> <p><u>[Signature]</u> (Signature) Division Production Supervisor (Title) <u>5/22/81</u> (Date)</p>	<p>OIL CONSERVATION DIVISION</p> <p>APPROVED <u>OCT 14 1981</u></p> <p>BY <u>Original Signed by FRANK T. CHAVEZ</u></p> <p>TITLE <u>SUPERVISOR DISTRICT # 3</u></p> <p>This form is to be filed in compliance with RULE 1104.</p> <p>If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.</p> <p>All sections of this form must be filled out completely for all able on new and recompleted wells.</p> <p>Fill out only Sections I, II, III, and VI for changes of new well name or number, or transporter, or other such change of condition.</p> <p>Separate Forms C-104 must be filled for each pool in multi-completed wells.</p>
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