

STATE	
FEDERAL	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

State - 6, USGS - 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator 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"/>	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"/> Gas connection

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 11E	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease SF079296 SF079295
Location Unit Letter <u>P</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>East</u>				
Line of Section <u>23</u> Township <u>26N</u> Range <u>6W</u> NMPM, Rio Arriba				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 23	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 10-27-81

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	Same Res't.	Drill R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D, 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 load oil and must be equal to or exceed top 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 1. 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.

George S. Ryan  
(Signature)  
Division Productions Supervisor  
(Title)  
10/28/81  
(Date)

OIL CONSERVATION DIVISION  
NOV 2 - 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 down hole tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a new well 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 filled for each pool in recompleted wells.