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| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

CORRECTED

I. Operator  
Mesa Petroleum Co.

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

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
CORRECTED GAS CONNECTION DATE

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                 |  |                          |                      |
|---|-----------------|--|--------------------------|----------------------|
| Lease Name<br>Federal   | Well No.<br>11E | Pool Name, Including Formation<br>Blanco Mesaverde | Kind of Lease<br>Federal | Lease No.<br>SF07929 |
| Location<br>Unit Letter P ; 1190 Feet From The South Line and 1190 Feet From The East<br>Line of Section 23 Township 26N Range 6W , NMPM, Rio Arriba County |                 |  |                          |                      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |            |             |            |                                   |                 |
|--|--|------------|-------------|------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Corporation             | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183, Houston, Texas 77001  |            |             |            |                                   |                 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 990, Farmington, N.M. 87401 |            |             |            |                                   |                 |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>P  | Sec.<br>23 | Twp.<br>26N | Rge.<br>6W | Is gas actually connected?<br>Yes | When<br>4-29-82 |

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

IV. COMPLETION DATA

|                                      |                             |          |                 |          |        |                   |             |              |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (DF, RKB, RT, GR, 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      |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |

V. 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 allowable 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/MMCF     | Gravity of Condensate |
| Tubing Pressure (Shut-in) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. SIGNATURE AND CERTIFICATION

I, the undersigned, certify that the information given is true and correct to the best of my knowledge and belief.

5-7-82

(Date)

OIL CONSERVATION COMMISSION

MAY 11 1982

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.