[, NO. OF COPIES REC	-2		
	DISTRIBUTION			
	SANTA FE		/	
	FILE	1	_	
	U.S.G.S.			
	LAND OFFICE	FICE		
	TRANSPORTER	OIL		
		G A S	1	
-	OPERATOR		/	
1.	PRORATION OFFICE			

	DISTRIBUTION			_ 1.				
SANTA FE / REQUEST FOR ALLOWABLE Supersedes				Form C'-104				
				Supersedes Old C-104 and C-110 Effective 1-1-65				
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE							
	01L /							
	TRANSPORTER GAS /							
	OPERATOR /							
1.	PRORATION OFFICE							
	Operator							
	Masa Patroleum Co.							
	Mesa Petroleum Co.							
		70100						
	P.O. Box 2009, Amar		Other (Please explain)					
	Reason(s) for filing (Check proper box)		Office (I tease explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas						
	Change in Ownership	Casinghead Gas Condens	sate					
	Change in Ownership							
	If change of ownership give name							
	and address of previous owner							
	and dudied of provided twinet							
II	DESCRIPTION OF WELL AND I	FASE						
11.	Lease Name	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease				
	Deane Haine			State, Federal or Fee Balanci				
	Federal	16A Blanc	o Mesaverde	State, Federal or Fee Federal				
	Location							
		40 Feet From The North Line	and 1770 Feet From T	he West				
	Unit Letter F ; 19	TO Feet From the NOT CIT Care						
	_	0.737	III MADA Con	Inan County				
	Line of Section 9 Tow	nship 27N Range 8	W , NMPM, San	Juan county				
TTT	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S					
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)				
	1		D O Por 1529 Formis	acton NM 87/01				
	Inland Corporation		P.O. Box 1528 Farmin Address (Give address to which approv	ed core of this form is to be sent)				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 💢	Address (Give address to water approv	ea copy of this form is to be sent,				
	El Paso Natural Gas	,	P.O. Box 1492 El Pa	aso. TX 79978				
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	If well produces oil or liquids,		37 -	1				
	give location of tanks.		No					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:					
IV	COMPLETION DATA							
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	n - (X)	X					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded			4720'				
	7/21/78	8/18/78	4775'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
		at 14 1 -	3858'	4545'				
		GL Mesaverde	3030	Depth Casing Shoe				
	Perforations	COL Managerando						
3858' - 4669' Mesaverde								
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			186'	115 sxs				
	12 1/4"	8 5/8"	4775'	865 sxs				
	7 7/8"	4 1/2"		003 888				
		2 3/8"	4545'					
				<u> </u>				
	V. 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 allow-							
V.		able for this de	pth or be for full 24 hours)					
	OIL WELL 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				
	Actual Prod. During 1480	0 25.5.						
		1	نر ا	at II I				
				PLIVEN)				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Condendate				
			1	4079				
	1732	4 hrs.		1 4 1078				
	Testing Method (pitot, back pr.)	Tubing Pressure	Gacking Processes	Total COM.				
	Pitot	133	411	CON. COM. 75"				
	CERTIFICATE OF COMPLIAN	<u></u>	OU CONSE.W	TOIS GOMMISSION				
VI	1 / 1076							
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEPT 4 1978, 19 Original Signed by A. R. Kendrick					
	Commission have been complied t	with and that the information given						
	above is true and complete to the	best of my knowledge and belief.	SUPERVISOR DIST. #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 deviation					
	•							
	1 10							
	1 5/1 1.16Vpm	, _						
	- 40/100C							
	, , ,	ature)	tests taken on the well in according	rdance with RULE 111.				
	Supervisor, Drilli	ng & Production	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
		tle)						
	•	· ·•						
	9/11/78		well name or number, or transpor	ter, or other such change of condition.				
	·	ate)	Senerate Forms C-104 mus	t be filed for each pool in multiply				
			Debatate Louis Caros una					
	NMOCC (5), J. Arche	r	completed wells.	completed wells.				