Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

i •		IO INA	MOL	-0	UI OIL	AND NA!	UHAL GA	15						
MESA OPERATING LIMITED PARTNERSHIP										Well API No. 30-045- 13050				
P.O. BOX 2009, AMARILLO, TEXAS 79189														
Reason(s) for Filing (Check proper box)	1 ",					Othe	t (Please expla	iin)						
New Well		Change in	Trans	port	er of:	_	•	-						
Recompletion	Oil		Dry (Gas		ESS	B .		7/01	100				
Change in Operator	Casinghea	d Gas 🔲	Cond	len sa	ate 🔯	Filec	tive Dat	e:	//01	./90		İ		
f change of operator give name and address of previous operator														
I. DESCRIPTION OF WELL	AND LE		1											
Lease Name MUDGE FEDERAL	Well No. Pool Name, Including Basin					n g Formation Dakota		Kind of Lease State, Federal or Fee		1 -	ease No. -02			
Location G		1850			r	orth .	14	450			east			
Unit Letter	Unit Letter Feet From The							Line and				Line		
Section 29 Township	.W , N A	NMPM, Sa				n Juan County								
III. DESIGNATION OF TRAN	SPORTE			ND.	NATU					611:				
Name of Authorized Transporter of Oil or Condensate X							Address (Give address to which approved copy of this form is to be sent) P.O. BOX 12999, SCOTTSDALE, AZ 85267							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X							Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS CO	Unit	T		P	P.O. BOX 1492, EL Is gas actually connected?			PASO When		998				
If well produces oil or liquids, give location of tanks.	G	Sec. 29	Twp.	7	Rge. 11	is gas actually	y confected?		wnen			 		
If this production is commingled with that it. IV. COMPLETION DATA	from any od	her lease or	pool,	give	comming	ing order numl	per:		-					
		Oil Wel	1	G	as Well	New Well	Workover	D	еереп	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion			لٰــِــ			Total Dareh	<u> </u>	Ĺ		1	l			
Date Spudded Date Compl. Ready to Prod.						Total Depth	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casii	ng Shoe			
		TURING	CA	SIN	IC AND	CEMENT	NG RECOR	<u> </u>		<u> </u>				
HOLE SIZE	TUBING, CASING AND							DEPTH SET				ENT		
HOLE SIZE	CASING & TUBING SIZE						DEF IN SET		SACKS CEMENT			12.141		
							·							
V. TEST DATA AND REQUES						l								
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T		of loc	ad o	il and mus		ethod (Flow, p				for Jul 24 ho	<i>LPS.)</i>		
	540 01 104													
Length of Test	Tubing Pr	ressure				Casing Press		\$.,		Choke Size	•			
Actual Prod. During Test	Oil - Bbls.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Web 301 2 2 1930			Gas- MCF				
GAS WELL	_1						<u>ات کانان</u> دوجو	لات ۔						
Actual Prod. Test - MCF/D	Length of	Length of Test					Bble Change ARMCN.				Gravity of Condensate			
						DIST. 3				Choke Size				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Press	aure (Shut-in)			Choice Size	5			
VL OPERATOR CERTIFIC	_				ICE	1		NIC		ATION	חווופיי	ON		
I hereby certify that the rules and regulations of the Oil Conservation						11 '	OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							JUL 2 5 1990							
to true and complete to the best of my knowledge and belief.						Date	Date Approved							
alden L. Mille						By	1 1) d							
Signature Carolyn L. McKee, Regulatory Analyst						By -	By Supervisor district 43							
Printed Name 7/1/90	Title (806) 378-1000					Title)			TVISUR				
Date	(000)		lephot		ło.									
						11								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.