

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
MASS.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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):

If change of ownership give name and address of previous owner: _____ E-1010-
E-3148-

I. DESCRIPTION OF WELL AND LEASE

Lease Name State Com AI	Well No. 33E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee State	Lease No. E-1201
Location Unit Letter <u>D</u> : <u>1175'</u> Feet From The <u>North</u> Line and <u>1180'</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>27N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> Count:				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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 checked="" type="checkbox"/> Northwest Pipeline Corp. Mesa	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>32</u> Twp. <u>27N</u> Rge. <u>9W</u>	Is gas actually connected? No	When ASAP

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/25/81	Date Compl. Ready to Prod. 6/25/81		Total Depth 6980'		P.B.T.D. 6913'			
Elevations (D) <u>GR</u> 6502'	Name of Producing Formation Dakota		Top Oil/Gas Pay 6698'		Tubing Depth 6643'			
Perforations 6698' - 6889'					Depth Casing Shoe 6974'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		291'		200 sxs Class "B"			
7 7/8"	4 1/2" 10.5#		6974'		450 sxs 50/50 pos.			
	2 3/8"		6643'		480 sxs 65/35 pos.			

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 of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/18/81	Date of Test 6/24/81	Producing Method (Flow, pump, gas lift, etc.) pumping & flowing
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 40
Actual Prod. During Test 60 BO	Oil - Bbls. 60	Water - Bbls. trace

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Choke Size

VI. 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.

OIL CONSERVATION DIVISION

APPROVED _____ JUN 29 1981
BY _____
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 devt tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of kind.
 Separate Forms C-104 must be filed for each pool in mu completed wells.

(Signature)
Division Production Supervisor

(Date)
June 25, 1981