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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



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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/>
	Condensate <input type="checkbox"/>
	NPC

If change of ownership give name
and address of previous owner _____

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> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 32 27N 9W No ASAP

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'v.	Diff. Res'v.
		X	X					
Date Spudded 4/25/81	Date Compl. Ready to Prod. 6/25/81	Total Depth 6980'		P.B.T.D. 6913'				
Elevations (DF, RKB, RT, GR, etc.) 6502 GR	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.
			480 sxs 65/35 pos.

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 6/18/81	Date of Test 6/24/81	Producing Method (Flow, pump, gas lift, etc.) pumping & flowing	
Length of Test 24 hours	Tubing Pressure 20	Casing Pressure 40	Choke Size none
Actual Prod. During Test 60 BO	Oil-Bbls. 60	Water-Bbls. trace	Gas-MCF 60

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

DRILLING AND PRODUCTION FOREMAN

(Title)

January 4, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 4 1982, 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, 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.