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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

1.

Operator Mesa Petroleum Co.	
Address P. O. Box 2009 Amarillo, Texas 79105	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Install Compressor 8-22-77	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com G	Well No. 2A	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee State	E-5226 Lease No. E-3374 E-4426
Location				
Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East				
Line of Section 32 Township 29N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	Box 1528 Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gathering Co.	Box 398 Bloomfield, New Mexico 87413					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 32	Twp. 29N	Rge. 8W	Is gas actually connected? Yes	When 8/29/75

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.
								Install compressor
Date Spudded 2/7/75	Date Compl. Ready to Prod. 4/9/75		Total Depth 4945'		P.B.T.D. 4890'			
Elevations (DF, RKB, RT, GR, etc.) 5936' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2406'		Tubing Depth 2450'			
Perforations 2406' - 2450'					Depth Casing Shoe 4942'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		149'		125			
8-3/4"	7"		2769'		250			
6"	4-1/2"		4942'		250			
	1-1/4"		2450'					

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 28	Length of Test 7 days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Deliverability Test	Tubing Pressure (Shut-in) 402	Casing Pressure (Shut-in) 402	Choke Size

VI. 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.

J. L. Farrell
(Signature)
Operations Manager
(Title)
September 29, 1977
(Date)
XC: 3 State, 1 Archer, 1 Div Mgr.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY M. E. McPherson

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.