Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Sa	nta Fe,	New Me	exico 87	504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST F	OR AL	LOWAB	LE AND	AUTHORI	ZATION				
I.	·	TO TRA	NSPC	ORT OIL	AND N	ATURAL GA		DINI.			
Operator MESA OPERATING LIMITED PARTNERSHIP							Well API No. 30-045-09452				
Address P.O. BOX 2009, AMARI	LLO, T	EXAS 7	9189								
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in	Transpor		_	ther (Please explosers)		1/90		4	
Change in Operator	Casinghea	d Gas 🗌	Condens	sate 🔯	TILLE		.e. // 0.				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name BRUINGTON FEDERAL		Well No. 15N	Pool Na	m e, Includ i Basin D	ng Formatio Dako ta	α		of Lease Federal or Fee		ase No.	
Location			1						i	 -	
Unit Letter N	:101	L2'	_ Feet Fro	om The Sc	uth L	ine and 1600	Fe	et From The _	West	Line	
Section 15 Township	, 3	BON	Range	111	,	NMPM,	San Jua	ın		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI	D NATUI	RAL GA	S					
Name of Authorized Transporter of Oil		or Conde		X	Address (C	ive address to w	• •			_ •	
ATT REFINING CO. The control of Authorized Transporter of Casinghead Gas or Dry Gas K				Gas K	P.O. BOX 12999, SCOTTSDALE, AZ 85267 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	79998		
If well produces oil or liquids, give location of tanks.	Uzit 1 N	Sec. 15	Twp.	Rge.	1 -	s gas actually connected?		When?			
If this production is commingled with that f IV. COMPLETION DATA			1		<u> </u>						
	~~~	Oil Wel	1 C	Gas Well	New We	ll Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded		nl Ready t	o Prod		Total Dept	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>		
Date Spudded Date Compl. Ready to Prod.						1.5.1.5.					
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
	<del></del>										
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TOBING SIZE				DET THISE T			Oriento dell'illeri			
										<del> </del>	
V. TEST DATA AND REQUES											
OIL WELL (Test must be after n  Date First New Oil Run To Tank	Date of Te		of load o	oil and must		or exceed top all Method (Flow, p			for full 24 hou	rs.)	
	Date of 1	Date of Yest									
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls D E 6						
GAS WELL	.1				.1	<i>UU</i>	_1 6 199	n	-	<u>.                                    </u>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF Grayity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casino Do	essure (Shut-in)	ON.	Choke Size		·- ·	
results received (prior, outer pr.)	1 aving Fi	THE CHAPTE	<i>1</i>		Jenny 11	(origi-in)	DIST. 3				
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul Division have been complied with and	ations of the	e Oil Conse	ervation ven above			OIL CO	NSERV		DIVISIO 6 1990	ON	
is true again complete to the best of my	knowledge :	and belief			Da	ate Approve	ed	JUL I	1330		

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

Signature

Date

Printed Name 7/1/90

gnature Carolyn L.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title.

SI "ERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Analyst

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Title (806) 378-1000

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