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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	_	•		LE AND A		ATION				
<u> </u>	TOTR	ANSPO	ORT OIL	AND NAT	URAL GA				_	
MESA OPERATING LIMITED PARTNERSHIP					Well API No. 30 -045.09630					
Address P.O. BOX 2009, AMAI										
Reason(s) for Filing (Check proper box)				Othe	x (Please expla	in)	+			
New Well Recompletion Change in Operator	· -	in Transpo Dry Ga Conden		Effec	tive Dat	e: 7/01	./90			
change of operator give name and address of previous operator				<u> </u>			·			
DESCRIPTION OF WELL AND LEASE					· · · · · · · · · · · · · · · · · · ·	V:-a-	C T		N-	
Lease Name HELEN HARTMAN	Well No	1					Kind of Lease State, Federal or Fee		Lease No.	
Location				_						
Unit Letter P	:1190	Feet Fr	rom The	south Lin	and	<u>1190</u> F ⇔	at From The	east	Line	
Section 8 Towns	hip 30N	Range	11W	, N!	мрм,	San Jua	n	· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRA			D NATU							
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						
GIANT REFINING CO. Name of Authorized Transporter of Cas	inohead Gas	or Dry	Gas 🔯		e address to wh					
Name of Authorized Transporter of Cas EL PASO NATURAL GAS (P.O. B	OX 1492,	EL PASC	, TEXAS	79998		
If well produces oil or liquids, give location of tanks.	Unit Sec.	17wp.	Rge. 11	ls gas actuall	y connected?	When	?			
f this production is commingled with the V. COMPLETION DATA	at from any other lease	or pool, gi	ve comming	ing order num	ber:				· .	
Designate Type of Completion	on - (X)	/ell	Gas Weil	New Well	Workover	Deepen	Plug Back	same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	y to Prod.		Total Depth	*		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing			0	Top Oil/Gas	Pay		Tubing Depth			
Perforations							Depth Casing Shoe			
	TIDN	C CASI	INIC AND	CEMENITI	NG PECOP	, D				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
		J, 1511. G J J J J J J J J J J J J J J J J J J								
<u> </u>										
V. TEST DATA AND REQU	EST FOR ALLO	WABLE	Ξ							
	er recovery of total volu	me of load	oil and mus					or full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Test			Producing IV	lethod (Flow, p	штф, gas iyi,	uc.)			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.			White - Bolay 1 2 2 1390					
GAS WELL				011	COn!	DIV.	<u> </u>			
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate Mark CF3			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of a	egulations of the Oil Co and that the information	nservation given abo			OIL COI		ATION I JUL 2 5		 ON	
_aralin L. Malee					Date Approved					
Signature Carolyn L. McKee, Printed Name	Regulatory	Analys Tide		By_			VISOR DI	STRICT	13	
7/1/90	(806) 378-			Title	9					

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

Date

- 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.

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.