

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

I.

Operator MESA OPERATING LIMITED PARTNERSHIP		Well API No. 30-045-09705
Address P.O. BOX 2009, AMARILLO, TEXAS 79189		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> 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"/>	Effective Date: 7/01/90
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator		

Lease Name FAYE BURDETTE	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>G</u> : <u>1520</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>East</u> Line				
Section <u>9</u> Township <u>30N</u> Range <u>11W</u> NMPM San Juan County				

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)	
GIANT REFINING CO.					P.O. BOX 12999, SCOTTSDALE, AZ 85267	
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, TEX 79998	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	9	30	11	Yes	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Density of Condensate, lb./cu. ft.
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature
Carolyn L. McKee, Regulatory Analyst

Printed Name 7/1/90 Title (806) 378-1000

Date _____ Telephone No. _____

Date Approved JUL 16 1990

By E. A. Chen

5 ADVISOR DISTRICT #3

Title _____

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

- 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.
- 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.

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