Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>		TO TRA	NSP	ORT OIL	AND NA	TURAL GA	AS				
Operator MESA OPERATING LIMITED PARTNERSHIP						Weil API No.					
Address							30	0-045	21710	<u> </u>	
P.O. BOX 2009, AMAR	ILLO TI	EXAS 79	9189	·							
Reason(s) for Filing (Check proper box) New Well		Change in	Transer	orter of:	Oti	ner (Please expla	ເມ່າ)				
Recompletion	Oil		Dry G		ncc					• .	
Change in Operator	Caninghead	d Gas 🗌	Conde	neate 🔯	Effec	ctive Dat	e: 7/0	1/90			
If change of operator give name and address of previous operator	<u> </u>									· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	AND LEA	ASE									
STATE COM			Pool N	iame, Includi	ng Formation	saverd	Kind	Lease Dederal or Fee		ease No. 479	
Location Unit Letter	_ :	10			outh Lin		<u></u>	et From The	Eas+		
Section 36 Townshi	, 301	N.	Range	Q 14	1		SANJ			Line County	
III. DESIGNATION OF TRAN	SPORTE	D OE OT	TAN	IIN BIATINT	DAT CAS						
Name of Authorized Transporter of Oil	OK I E	or Conden		X			ich approved	copy of this for	rm is to be so	enti	
GIANT REFINING CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 12999, SCOTTSDALE, AZ 85267										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS CO.					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79998						
If well produces oil or liquids, give location of tanks.	Unit	Sec. 36	TYPO	Rge.	is gas actual	YES	When	8-3	0-75	7.	
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	zool, gi	ve comming!	ing order num	iber:					
IV. COM LETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Sama Basis	Diff Barry	
Designate Type of Completion		<u>i</u>	_i_		l rew wen	WOLDSET		riug back į:	same Kes v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	- · · · · · · · · · · · · · · · · · · ·		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
		_				**					
HOLE SIZE	TUBING, CASING ANI										
HOLE SIZE	- CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							·				
	 										
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		<u> </u>			<u> </u>			
OIL WELL (Test must be after to Date First New Oil Run To Tank			of load	oil and must					r full 24 hou	PS.)	
Late First New Oil Run 10 Tank	Date of Tes	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure				HEGI	EHVI	Clarke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				SEP1	9 1090	Ga-MCF			
GAS WELL					<u> </u>	OII CC	N. DI	V.			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCDIST. 3			Gravity of Co	mdensate		
Testing Method (pilot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				sure (Shut-in)	·	Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF	COMP	TTAN	JCE.	\ <u>r</u>			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true-soft complete to the best of my knowledge and belief.					SEP 1 9 1990						
11.1	m	1./			Date	e Approve	d				
Signature .	11/9	lle	-		By_	- 	3) Ch	_/	 -	
Carolyn L. McKee, F			Title		Title	•	SUPER	VISOR DIS	STRICT	13	
7/1/90 Date	(806)	378-10	00			· ———					

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.

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