_	NO. OF COPIES RECEIVED				/						
-			,								
L	DISTRIBUTION	NEW MEXICO OIL C	Form C-104	G 104 1 C 114							
L	SANTA FE	REQUEST	Supersedes Old : Effective 1-1-65	C-104 and C-110							
L	FILE		AND								
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND I	NATURAL GA	\S						
	LAND OFFICE										
	TRANSPORTER OIL GAS /										
	OPERATOR 2										
1.	PRORATION OFFICE										
	Operator					ļ					
Ì	Mesa Petroleum Co.										
ŀ	Address										
1	P.O. Box 2009, Amarillo, TX 79189										
-	Reason(s) for filing (Check proper box) Other (Please explain)										
Ì	New Weil Change in Transporter of:										
	Recompletion Oil Dry Gas										
		· · · · · · · · · · · · · · · · · · ·	7								
L	Change in Ownership Casinghead Gas Condensate										
	If change of ownership give name and address of previous owner										
11	DESCRIPTION OF WELL AND	LEASE									
••· [Lease Name	Well No.: Pool Name, Including F	ormation /	Kind of Lease		Lease No.					
	State Com	45 Blance - Pi	nds)	State, Federal	çr Fee	State					
ļ	Location	145 BHHCO - P1	Ctured Cliffs	 	<u> </u>	1					
	_		ne and 1190		ne F						
	Unit Letter <u>T</u> ; 185	1 Feet From The S Lin	ne and119()	Feet From Th	1e						
	Line of Section 32 Tow	vnship 30N Range	14W , NMPN	1,	San Juan	County					
			• •								
II.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address	to which approve	ed copy of this form is to	be sent)					
	Name of Authorized Transporter of Oil	or Condensate	Addition of the desirest			,					
			1	to ultish annual	d conv of this form is to	he sent					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)										
	Mesa Petroleum Co.										
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ed? Wher							
	give location of tanks.	;	Yes	1	<u> 7/21/78</u>						
	If this production is commingled with	th that from any other lease or pool.	give commingling orde	r number:							
	COMPLETION DATA	in the nomenty of the state of									
• • •		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.					
	Designate Type of Completic	$\operatorname{on} = (X)$	X		l	i 1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
		2/20/70	1142		1089						
	1/16/78 Elevations (DF, RKB, RT, GR, etc.)	2/28/78 Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth						
			0.1.7		895						
	Blanco - Pictured Cliffs		911		Depth Casing Shoe						
	Perforations										
	911-919			20	<u> </u>						
			D CEMENTING RECO		CACKE CEN	ENT					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT						
	12 1/4	8 5/8	136		125						
	6 1/8	3 1/2	3 1/2 1134		150						
					<u> </u>						
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 life		s, esc.)						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	1					
	mendin or rear					N.					
	Astual Brod During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF						
	Actual Prod. During Test			`	1	N					
					<u></u>	ě					

GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 4 hrs 197 Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

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.

Staff Engineer (Title)

7/24/78 (Date) NMOCC (5), J. Archer

OIL CONSERVATION COMMISSION

APP	ROVED _	100 mg	1	3	11	↑ 7 ? ———.	19
						Kendrick	
BY_							

SUPERVISOR DIST. #3 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.