

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

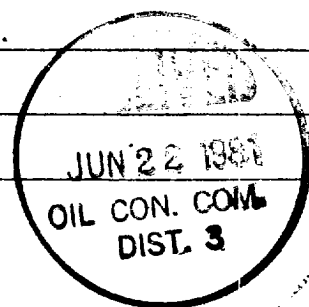
Mesa Petroleum Co.

Address
1660 Lincoln Street, #2800, Denver, CO 80264

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)



If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Twin Mounds Federal-33	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 079968
Location Unit Letter <u>G</u> ; <u>1760</u> Feet From The <u>N</u> Line and <u>1785</u> Feet From The <u>E</u> Line of Section <u>33</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 85401					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 30N	Rge. 14W	Is gas actually connected? No	When ASAP

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2/28/81	Date Compl. Ready to Prod. 6/17/81	Total Depth 5950'	P.B.T.D. 5891'					
Elevations (DF, RKB, RT, GR, etc.) 5468' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 5588'	Tubing Depth 5664'					
Perforations 5617-21' 5588-5600' 1HPF .40"			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8" CSG		328'		250 sxs Class "B"			
7 7/8"	5 1/2" CSG		5943'		650 sxs 65/35 pos. &			
					365 sxs 50/50 pos			
	2 3/8" tbG		5664'		-0-			

TEST DATA AND REQUEST FOR ALLOWABLE 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL - 1400 psi SICP for 72 hrs

Actual Prod. Test - MCF/D 40	Length of Test 24 hrs	Bbls. Condensate/MMCF 5	Gravity of Condensate 41°
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 10 psi	Casing Pressure (Shut-in) 40 psi	Choke Size N/A

CERTIFICATE OF COMPLIANCE

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)
Division Production Supervisor

(Title)

6/17/81

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 3 - 1981

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 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.