

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator Mesa Petroleum Co.	
Address 1660 Lincoln Street, 2800 Lincoln Center, Denver, Colorado 80264	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Replacement Well for State Com AE 27

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name State Com AE	Well No. 27R	Pool Name, Including Formation Blanco - Pictured Cliffs	Kind of Lease State, Federal or Fee	State E-5315	Lease No. E-2447
Location Unit Letter <u>F</u> : <u>1660</u> Feet From The <u>North</u> Line and <u>1935</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36
	Twp. 30N	Rge. 9W
	Is gas actually connected? NO	When ASAP

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

V. 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 12/26/80	Date Compl. Ready to Prod. 3/16/81		Total Depth 2500'		P.B.T.D. 2429'			
Elevations (DF, RKB, RT, GR, etc.) 5662' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2362'		Tubing Depth 2408'			
Perforations					Depth Casing Shoe 2477'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" Casing	211'	175 sxs Class "B"
7 7/8"	4 1/2" Casing	2477'	420 sxs 65/35 Poz mix
	1 1/2" Tubing	2408'	148 sxs 50/50 Poz mix

VI. 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 WELL

Actual Prod. Test - MCF/D 1138	Length of Test 24 hours	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 60	Casing Pressure (shut-in) 0	Choke Size .750

VII. 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.

Division Production Supervisor

(Title)

April 1, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 3 1981, 19BY 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.