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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mesa Operating Limited Partnership		Well API No. 30-045-27623
Address P.O. Box 2009, Amarillo, Texas 79189		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name FC STATE COM	Well No. # 16	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. B 10796
Location Unit Letter <u>G</u> : <u>1870'</u> Feet From The <u>North</u> Line and <u>1705'</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>36N</u> Range <u>11W</u> NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No	

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

IV. 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 4/25/90	Date Compl. Ready to Prod. 6/6/90	Total Depth 2320'		P.B.T.D. 2264'				
Elevations (DF, RKB, RT, GR, etc.) 5777' GR	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1962'		Tubing Depth 2217'				
Perforations 1962'-2182'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	278'		175 sx "B"				
7 7/8"	5 1/2"	2320'		510 sx "B"/Poz				
	2 3/8	2217'						

V. 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 allowable for the depth of the well for 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Production Method (Flow, pump, gas lift, etc.)	
		JUN 20 1990	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 285	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 340	Choke Size 2"

VI. OPERATOR 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.

Carolyn R. McKee
Signature
Carolyn R. McKee Regulatory Analyst
Printed Name Title
6/18/90 (806) 378-1000
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 25 1990

By [Signature]
Title SUPERVISOR DISTRICT 13

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.