Submit 5 Copies
Appropriate District Office
DISTRICT I
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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		OTRA	NSPO	ORT OIL	AND NA	FURAL GA		ADI Ma			
MESA OPERATING LIMITED PARTNERSHIP						<u> </u>	Well API No. 30-045-28177				
ddress P.O. BOX 2009, AMA	RILLO, T	EXAS 7	9189								
eason(s) for Filing (Check proper box) ew Well ecompletion hange in Operator)	Change in		s 🗓	Oth	et (Please expla	zin)	-			
change of operator give name											
nd address of previous operator L. DESCRIPTION OF WEL	LANDIE	SE	••								
ease Name FC STATE COM	L AND LEA	Well No. Pool Name, Includin 24 BASIN FR				COAL		d of Lease te, Federal or Fe		Lease No. B11303-10	
ocation Unit Letter $\underline{\hspace{1cm}}^{M}$:1140	:Feet From The SOU				e and	1220	Peet From The west			
Section 36 Town	ship 30	ON	Range	121	√ , N	МРМ,	SAN JU	AN		County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil NA		or Conde	nsate		Address (Gi				form is to be se		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X MESA OPERATING LTD PARTNERSHIP					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2009, AMARILLO, TEXAS 79189						
If well produces oil or liquids, jve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?	Wi	nen ?			
this production is commingled with the V. COMPLETION DATA	hat from any oth	er lease or	pool, gi	ve commingl	ing order nun	iber:	_				
	(5)	Oil Wel	1	Gas Well	New Well	Workover	Deepe	n Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complete Date Spudded	Designate Type of Completion - (X) Date Compl. Ready to Prod.					Total Depth P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Cas	Depth Casing Shoe		
	-	TUBING	, CAS	ING AND	CEMENT	ING RECO	RD				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
									. 	•	
V. TEST DATA AND REQU	JEST FOR	ALLOW	ABLE	E all and mus	t be equal to a	or exceed top a	llowable for	r this depth or b	e for full 24 hor	ers.)	
OIL WELL (Test must be after Date First New Oil Run To Tank		recovery of total volume of load oil and must Date of Test				TO E			1		
Length of Test	Tubing Pi	Tubing Pressure				M		Choke Sin	e		
Actual Prod. During Test	Oil - Bbls	Oil - Bbis.					2013		F		
GAS WELL		_				_	ON.				
Actual Prod. Test - MCF/D	Length of	Test		-	Bbls. Cond	ensate/MMC	151. 3	Gravity o	f Condensate		
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTII I hereby certify that the rules and a Division have been complied with is true and complete to the best of	regulations of the	e Oil Cons	ervation	ı	Da By	te Approv	ed		N DIVISION 6 1990	NC	
Signature Carolyn L. McKee, Printed Name			Title		By			<u> </u>	R DISTRIC	T #3	
12/20/90 Date	(806)	378-1 T	000 elephone	No.							

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.