Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL CAS

•		TO TRA	NSP	ORT OIL	AND NA	TURAL G	AS				
Operator MESA OPERATING L	MESA OPERATING LIMITED PARTNERSHIP							Well API No. 30-045-28177			
P.O. BOX 2009, A	MARILLO.	TEXAS	791	89	<del></del>			<del></del>			
Reason(s) for Filing (Check proper box)					Ot	her (Please expl	lain)			· ·	
Vew Well △ □ Completion □	Oil	Change in	Transpo Dry Ga								
Change in Operator	Casinghea	_	Conder	_		•					
change of operator give name ad address of previous operator					·						
L DESCRIPTION OF WELL	. AND LE	A SE									
ease Name Well No. Pool Name, Includi					ng Formation			Kind of Lease No.			
FC STATE COM	24 Basin Frui				tland Coal			State, Federal or Fee B 11303-1			
Unit LetterM	_ : 11	L40	Feet Fr	nom The SC	outh <sub>Li</sub>	ne and 122	0.	Feet From The	west	Line	
Section 36 Towns	301	1		1 27.	ī		San Ju				
			Range			MPM,		<del></del>		County	
II. DESIGNATION OF TRANSPORTER OF Oil	NSPORTE	or Conden		D NATU			hich appro	red copy of this for	m is to be si	ent)	
· · · · · · · · · · · · · · · · · · ·				<u></u>		·					
Ime of Authorized Transporter of Casinghead Gas [EL PASO NATURAL GAS CO.			or Dry Gas 🛣			Address (Give address to which approved P.O. BOX 1492, EL PAS					
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?			en ?			
this production is commingled with tha	f from any oth	er lease or	mod air	we comming	ing order nur	No					
V. COMPLETION DATA	Tiom any on	ici iceae oi	poor, gr	ve comming	ing older nur				<del></del>		
Designate Type of Completion	) - (Y)	Oil Well	7	Gas Weil	New Well	Workover	Deeper	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			X Total Depth			P.B.T.D.		_1	
10/09/90	10	10/30/90				2130'			2074'		
Elevations (DF, RKB, RT, GR, etc.) 5819 GR		Name of Producing Formation Fruitland Coal				Top Oil/Gas Pay 1736 '			Tubing Depth 1998'		
Perforations								Depth Casing	Depth Casing Shoe		
1736'-1983'			<u> </u>			D.G DEGO.					
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			<del></del>			94	SACKS CEMENT		
12 1/4"		8 5/8"			224'			150 sx Standard			
7 7/8"		5 1/2" 2 3/8"				2130' 1998'			SX		
. TEST DATA AND REQUE	1		ABLE			1990		l			
IL WELL (Test must be after									full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pre	SSUR			Casing Pres	sure	m i	E Grossie		<u> </u>	
Actual Prod. During Test	Oil Phie	Oil - Bbls.			Water - Bbis			Gas- MCF	/  5		
seems from During from	On - Boix			11/1			DEC 3 1990				
GAS WELL				<del></del>	•						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			CONCA	CON: DIV.		
78	Tukia - B	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			DIST. 3- Choke Size		
sting Method (puot, back pr.) Back Pressure	Auding PT	O O				440			500"		
L OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE		011 00:	VOED:	VATION			
I hereby certify that the rules and reg				_		OIL COI	NOEH	VATION E		אוע	
Division have been complied with an is true and complete to the best of my	a that the info y knowledge a	rmation giv ind ¥elief.	en abov	æ	∥ Det	o Annin	nd	DEC 03	<b>19</b> 90		
(OIEA)	MCL				Dai	e Approve				<del></del>	
immer					Bv	By But day					
Carolyn L. McKee,	Sr. Regu	latory		lyst_	-,			ERVISOR DI		#3	
rinted Name 11/30/90	(904	5) <u>378</u> -	Title		Title	e	<u> </u>			M S	
11730790 Ne			ephone i								

NSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- ) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 1 All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.