

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                         |             |
|-------------------------|-------------|
| CO. OF SPILL PREVENTION |             |
| DISTRIBUTION            |             |
| SANTA FE                |             |
| FILE                    |             |
| U.S.U.S.                |             |
| LAND OFFICE             |             |
| TRANSPORTER             | OIL         |
| OPERATOR                | NATURAL GAS |
| PRODUCTION OFFICE       |             |

I. Operator  
Mesa Petroleum Co.

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

Reason(s) for filing (Check proper box)

|                     |                          |                           |                                     |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter of: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                       | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/>            |
|                     |                          | Dry Gas                   | <input type="checkbox"/>            |
|                     |                          | Condensate                | <input checked="" type="checkbox"/> |

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                |                |  |  |                    |
|--------------------------------|----------------|--|--|--------------------|
| Lease Name<br>Hamilton Federal | Well No.<br>1A | Pool Name, including Formation<br>Blanco Mesaverde | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>07655 |
|--------------------------------|----------------|--|--|--------------------|

Location

Unit Letter J : 1650 Feet From The FSL Line and 1650 Feet From The FEL

Line of Section 30 Township 32N Range 10W , NMPM, San Juan Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Permian Corporation             | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183, Houston, Texas 77001 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 990, Farmington, NM 87401  |
| If well produces oil or liquids, give location of tanks.  | Unit <u>J</u> Sec. <u>30</u> Twp. <u>32N</u> Rge. <u>10W</u>  |
| Is gas actually connected?  | When <u>3/27/75</u>   |

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. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |            |
| Elevations (D), V, RT, CR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |             |            |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |             |            |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 top oil able 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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity at Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. 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)  
Operations Manager  
(Title)  
4/23/81  
(Date)

OIL CONSERVATION DIVISION  
APR 27 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.