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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OI	AND N	ATURAL G	iAS				
Operator MESA OPERATING LIMITED PARTNERSHIP								API No. 30-045- 21827			
Address								30-0	15-218	7	
P.O. BOX 2009, AMA	RILLO, T	EXAS 7	9189								
Reason(s) for Filing (Check proper box,)		-		0	ther (Please exp	lain)				
New Well		Change in		_		·					
Recompletion Change in Operator	Oil	., 📙	Dry Ga		Effe	ctive Da	te: 7/0	1/90			
If change of operator give name	Casinghea	d Gas	Conden	sate 🔯	-						
and address of previous operator											
II. DESCRIPTION OF WELL	L AND LEA	ASE							-		
Lease Name PRIMO		Well No.	Pool N	ame, includ	ing Formation	<u> </u>	Kind	of Lease		ease No.	
Location		1A	L	Blanc	o Mesav	erde	State,	Federal or Fe		15	
_	. 119	20			1						
Unit Letter D	-:		Feet Fr	om The	north L	ine and	1190 F	et From The	west	Line	
Section 6 Towns	hip 31	LN	Range	10W	,	NMPM,	San	Juan		_	
										County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE:	R OF O	L AN	D NATU	RAL GAS	3					
GIANT REFINING CO.		or Conden	mie	X	Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casi	nghead Gas		OF Day	Gas X	P.O.	BOX 12999	SCOTT	SDALE,	AZ 8526		
SUNTERRA GAS GATHERIN	IG CO.	لــا	or Dry		P.O.	ive address to w BOX 26400	hich approved AT.RII∩I	<i>copy of this</i> IFRAIIE	form is to be s	ent) 5	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		ily connected?	When		NFI 0/12.		
give location of tanks.	D	6	31	10	Ye:	S		12/26/	75		
If this production is commingled with the IV. COMPLETION DATA	it from any other	er lease or p	pool, giv	e comming	ing order nur	nber:					
W. COM LETION DATA		Oil Well		Gas Well	1	. (,				
Designate Type of Completion	n - (X)	lon wen	1	328 Mell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.	L		
								1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	mation		Top Oil/Gas	s Pay		Tubing Dep	oth	- · · · · · · · · · · · · · · · · · · ·	
Perforations											
								Depth Casin	ng Shoe		
	Т	UBING.	CASIN	NG AND	CEMENT	ING RECOR	RD.	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<u> </u>			ļ			
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		<u> </u>			<u></u>		····	
OIL WELL (Test must be after				il and must	be equal to o	r exceed top all	owable for this	depth or be	for full 24 hou	7 5 .)	
Date First New Oil Run To Tank	Date of Test	t			Producing N	lethod (Flow, pr	ump, gas lift, e	(c.)			
Length of Test	Tubing Pres				Casing Pres		1111		·		
	Tuoing Fres	BUIC			Cating rice	HIG POS AND 12	: 2 U %;	Choice Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbi	JUL2	2 1000	Car MCF			
							0 1330	ŀ			
GAS WELL					(OIL CO	N. DIV				
Actual Prod. Test - MCF/D Length of Test				Bbis. Conde	neate/MNJJS		Gravity of (Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					The state of the s						
Testing Method (pitot, back pr.)	Lubing Pres	sure (Shut-	n)		Casing Pres	sure (Shut-in)		Choke Size			
VI ODED ATOD CEDTURE	74777 07	<u> </u>			<u> </u>			l			
VI. OPERATOR CERTIFIC				CE		OII CON	JSERVA	MOITA	DIVISIO	M	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my	knowledge and	d belief.			Date	e Approve	d	JUL 25	1990		
(had/ h	m	a / _			Dali	o whhinse	· u		4		
Signature	· // //	ul			By_		3	() A	lan!		
Carolyn L. McKee, 1	Regulato:	ry Ana	<u>ly</u> st	: 	-,-		Č	\			
Printed Name 7/1/90	(806)		Title		Title	,),	SUPER	VISOR D	ISTRICT	# 3	
Date	(000)		ohone No			·					
		reteb	AROUT INC	<i>.</i>	11						

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.