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|---------------------|-----|
| STATE OF NEW MEXICO | |
| DISTRICT | |
| SANTA FE | |
| FILE | |
| U.S.D.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NAT |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

XC: USGS (2)
NMOCC (5)
T.L. Slife
Kyle Stanley

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Mesa Petroleum Co.

1660 Lincoln St., #2800, Denver, CO 80264

| | |
|----------------------------------------------|-------------------------------------|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------|--------------|--------------------------------|-------------------------------|-----------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Johns Federal | 5 | Blanco Pictured Cliffs | State, Federal or Fee Federal | SF-0781178 |
| Location | | | | |
| Unit Letter F | 1690 | Feet From The N | Line and 1725 | Feet From The W |
| Line of Section 18 | Township 32N | Range 11W | NMPM, San Juan | Com |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Permian Corporation | P.O. Box 1183, Houston, Texas 77001 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | P.O. Box 990, Farmington, N.M. 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| F 18 32N 11W | No ASAP |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|--------------|---------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rest'v. | Diff. R |
| | | X | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 3/10/81 | | 3400' | 3334' | | | | | |
| Elevations (D, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 6683' GR | Pictured Cliffs | 3239' | 3255' | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 3257-3261' & 3286'-3292' | | | 3369' | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|-------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 228' | 250 sxs Class "B" |
| 7 7/8" | 4 1/2" | 3369' | 200 sxs 50/50 poz |
| | 1 1/2" | 3255' | 150 sxs Light, |

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 of hole 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 |
| | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |
| | | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1502 MCFD | 3 hrs | 0 | N/A |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| back pressure | 1000 psig | 0 psig | .750 |

1. 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.

Division Productions Supervisor

May 22, 1981

OIL CONSERVATION DIVISION

MAY 26 1980

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

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

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

Separate Form C-104 must be filed for each pool in new recompleted wells.