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

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410 I.							AUTHORI						
TO TRANSPORT OIL AND NATURAL GAS									Well API No.				
MESA OPERATING LIMITED PARTNERSHIP							30-045-2747						
P.O. BOX 2009, AM	MRILLO	, TEXAS	5 791	L89									
Reason(s) for Filing (Check proper box) New Well	· · · ·	~				Oth	er (Please expl	ain)					
Recompletion	Oil	Change in	Dry G	_	٦								
Change in Operator	Casinghea	ad Gas	Conde		ī								
If change of operator give name						-							
and address of previous operator		 -											
II. DESCRIPTION OF WELL	AND LE		,					· · · · · · · · · · · · · · · · · · ·					
Lease Name FC STATE COM									of Lease Federal or Fe	1	ease No. 5317-1		
Location			1 51	10 211 1						<u> </u>	7317-1		
Unit LetterG	_ :153	30	Feet F	rom The	_N	lorth Lin	e and165	0 Fe	et From The	East	Line		
Section 32 Township 31N Range 91						, NMPM, San Juan County					County		
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NA	ru i	RAL GAS							
Name of Authorized Transporter of Oil NA		or Conden					e address to w	hich approved	copy of this	form is to be se	nt)		
Name of Authorized Transporter of Casin	ghead Gas	<u> </u>	or Dry	Gas 🔀	$\overline{\Box}$	Address (Giv	e address to w	hich approved	com of this	form is to be se			
EL PASO NATURAL GAS CO.						Address (Give address to which approved copy of this form is to be se P.O. BOX 1492, EL PASO, TEXAS 79978					<i>nu)</i>		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			ge.	Is gas actually connected? Who			n ?					
If this production is commingled with that IV. COMPLETION DATA	from any oti	her lease or	pool, gi	ve comm	ingli	ing order num	ber:	.					
	<u> </u>	Oil Well		Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u> </u>	Ĺ	X		X	<u>i</u>	i	<u> </u>		[
Date Spudded 6/22/90	Date Compl. Ready to Prod. 9/15/90				Total Depth	3280 '		P.B.T.D.	201				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						3280 * 3238 * Top Oil/Gas Pay Tubing Depth							
6345' GR Fruitland Coal						294	-		3201				
Perforations						l			Depth Casin	Depth Casing Shoe			
2945'-3108'									<u> </u>				
HOLE SIZE	i				₫D	CEMENTI	NG RECOR			04040 0514			
12 1/4"	CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT 150 sx "B"			
7 7/8"							3280'			675 sx "B"			
V TECT DATA AND DECLE	CT FOD	ATTOTE	4 D T T										
V. TEST DATA AND REQUES OIL WELL (Test must be after t					munt	he equal to on	e exceed top all	awabla far thi	e danth on he	for full 24 hour	\		
Date First New Oil Run To Tank	Date of Te		0) 1044	04 4/44 //	461		ethod (Flow, pa			jor juli 24 nou	3./		
						REFIRE							
Length of Test	th of Test Tubing Pressure					Casing Pressure			Chole Size				
Actual Prod. During Test Oil - Bbls.						Water - Bbls.	- 44	EP201	Ges-MCF				
							3	EPZUR	100				
GAS WELL							OIL	CON.	DIV.				
Actual Prod. Test - MCF/D 225	Length of Test 24 hrs							Gravity of					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	()	 	Choke Size	0				
Back Pressure	25				•	200		1	500"				
VI. OPERATOR CERTIFIC	CATE OF	COMF	LIA	NCE			211 221	10501	ATION	D. (1016			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							_		SFP 2	0 1990			
1 Janal L mil						Date	Approve	a		- 1000	 -		
Signature						By ORIGINAL SIGNED BY ERNIE BUSCH							
Carolyn I/ McKee, Sr. Regulatory Analyst													
Printed Name 7 Title 9/18/90 (806) 378–1000						Title		UIL & GAS	INSPECTO	R, DIST. #3			
Date	7		phone l	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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.