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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

XC: K. Stanley, Cen. Rec.  
T. L. Slife, NMOCC,  
J. Archer, Caribou,  
Div. Files, EPNG

AMENDED

Operator Mesa Petroleum Co.	
Address 1660 Lincoln St., #2800 Denver, CO 80264	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name State Com AJ	Well No. 34E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State
Location				
Unit Letter N	1185	Feet From The South	Line and 1485	Feet From The West
Line of Section 36	Township 32N	Range 12W	NMPM, San Juan	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1528, Farmington NM 87417	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington NM 87401	
If well produces oil or liquids, give location of tanks. possible	Unit N	Sec. 36
	Twp. 32N	Rge. 12W
	Is gas actually connected? No	When

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudied January 23, 1980	Date Compl. Ready to Prod. July 9, 1980	Total Depth 7596'	P.B.T.D. 7552'					
Pool	Name of Producing Formation Dakota	Top Oil/Gas Pay DK-7322'	Tubing Depth DK-7274'					
Perforations 7474-44'; 7432-36'; 7418-26'; 7408-12'; 7322-36'			Depth Casing Shoe 7583'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		218'		200			
8 3/4"	7"		3300'		300			
6 1/2"	4 1/2" Liner		7583'		400			

III. 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 allowable for this depth or be for full 24 hours)

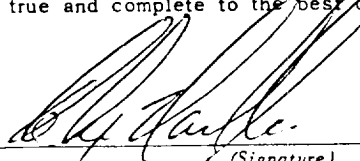
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D DK-980 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF 0 / 0	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Back Press	Tubing Pressure 1400-70 psig	Casing Pressure 1010	Choke Size 3/4"

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Division Drilling Supervisor  
(Title)  
October 10, 1980  
(Date)

OIL CONSERVATION COMMISSION OCT 16 1980	
APPROVED	19
Original Signed by CHARLES GHOLSON	
BY	
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3	
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 deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply	