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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

AMENDED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
xc: K. Stanley
Cen. Rec.
Div. Files
T. L. Slife
J. Archer
EPNG, Caribou

Operator Mesa Petroleum Co.	
Address 1660 Lincoln St., #2800 Denver, CO 80264	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com AK	Well No. 35E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee State
Location Unit Letter P ; 1100 Feet From The South Line and 820 Feet From The East Line of Section 36 , Township 32N Range 12W , NMPM, San Juan County			

III. 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. 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.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When no

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'v.
		X	X					
Date Spud'd Feb. 28, 1980	Date Compl. Ready to Prod. June 27, 1980		Total Depth 7,717' KB		P.B.T.D. 7,668' KB			
Pool 6,382' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7407-7630		Tubing Depth 7,379' KB			
Perforations 7630-24; 7582-78'; 7572-62'; 7541-11'; 7507-01'; 7494-90'; 7411-07'					Depth Casing Shoe 7694'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10 3/4"		257'		260			
8 3/4"	7"		3323'		450			
6 1/4"	4 1/2"		7694'		515			

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 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 2948	Length of Test 3 hrs	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 200	Casing Pressure 200	Choke Size 3/4"

VI. 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

APPROVED _____, 19____

BY Original Signed by CHARLES GHOLSON

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 completed wells.