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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAI	NSP	ORT OIL	AND NA	TURAL G	AS				
Operator MESA OPERATING LTD PARTNERSHIP							Well A	PI No. 30-045-27636			
Address P.O. BOX 2009, AM	MARILLO,	TEXAS	791	89							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead		Franspo Dry Gar Conden	. 🗆	Oth	et (Please expla	ain)				
If change of operator give name and address of previous operator									· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA	SE									
FC STATE COM	COM Well No. Pool Name, Includi #15 Basin Frui								f Lease Lease No. E 2662		
Location Unit Letter H : 1590 Feet From The North Line and 1175 Feet From The Line										Tine	
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 or Condensate Address (Give address to which approved copy of this form is to be sent) NA											
Name of Authorized Transporter of Casing Mesa Operating Ltd P						Address (Give address to which approved copy of this form is to be sent) P.O. Box 2009, Amarillo, Texas 79189					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When ?						
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	1	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 9/05/90	Date Compl. Ready to Prod. 2/25/91				Total Depth 3160'			P.B.T.D. 3109'			
Elevations (DF, RKB, RT, GR, etc.) 6408 GR					Top Oil/Gas Pay 2747 T			Tubing Depth 2801'			
Perforations Fruitland Coal 2747'-2945'					<u> </u>		<u></u>	Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"		, _				240'			150 sx "B"		
/ //8"	5 1/2"			3160'			625 sx "B"				
	3.7%				-284/						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>]	
OIL WELL (Test must be after re	ecovery of tol	al volume o	f load o	il and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	1			Producing M	ethod (Flow, pi	ımp, gas lift, e	tc.)	. අත ට ලබ		
Length of Test	Casing Pressure Choke Size										
ngth of Test Tubing Pressure				Casing Freedom			N 9				
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas-WAR1 3 1991			
GAS WELL								— 125 —	ON. I	V\	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Distraction NA			
303 Testing Method (pitot, back pr.)	24 hrs Tubing Pressure (Shut-in)				NA Casing Pressure (Shut-in)			Choke Size			
Pitot	920				920			open			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.					Date	Date Approved MAR 1 3 1991					
Carolyn K. Mycle					By_ Bin Shaw						
Signature Carolyn L. McKee, Sr. Regulatory Analyst Printed Name Title					SUPERVISOR DISTRICT 43						
3/11/91 Date	(806) 378-1		o.	Title					· · · · · · · · · · · · · · · · · · ·	
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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.