Submit 5 Copies
Appropriate District Office
DISTRICT I 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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Santa F	e, New M	exico 875	04-2088	3								
I	REQUEST TO TI			BLE AND AND NA					•					
Operator MESA OPERATING LIMIT	ESA OPERATING LIMITED PARTNERSHIP Well API No.													
Address P.O. BOX 2009, AMARI	ILLO TEXAS	79189			-						· · · · · · · · · · · · · · · · · · ·			
Reason(s) for Filing (Check proper box)				Où	ner (Please	explain)							
New Well	Change	e in Transp	onter of:		•		,							
Recompletion	Oil Casinghead Gas	☐ Dry G	-	Effe	ctive 1	Date	7/0	1/90	•	•.				
If change of operator give name and address of previous operator														
II. DESCRIPTION OF WELL														
Lease Name STATE COM	S Vell N	ta Pool 1		ing Formation Mesav	erde	<u> </u>		of Lease Pederal or Fe		ease Na.				
Location Unit Letter	. 1665		M	DPTLI		92	<u> </u>	E	5152 5		F 315			
21	20.1/				e and				EAST		Line			
•		Range			мрм,	OH	NJT	IAN		Cour	nty			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OIL AN			a address	to which		anni af this						
GIANT REFINING CO.	ANT REFINING CO.					Address (Give address to which approved copy of P.O. BOX 12999, SCOTTSDALL								
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	me of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved P.O. BOX 1492, EL PASO									
If well produces oil or liquids, give location of tanks.	Unity Sec.	Twp.	Rge.	is gas actual			When	?	1-53					
If this production is commingled with that f IV. COMPLETION DATA				ing order num					7.5					
	Oil W	/ell	Gas Well	New Well	Workov	er	Deepen	Plug Back	Same Res'v	Diff R	es'v			
Designate Type of Completion - Date Spudded	- (X) Date Compl. Read	<u> </u>		Total Dark	<u>i</u>	L								
Dan Spanier	Date Compt. Ready	Total Depth				P.B.T.D.								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth					
Perforations									Depth Casing Shoe					
	TUBIN	G. CAS	ING AND	CEMENTI	NG REC	CRO								
HOLE SIZE	CASING &			DEPTH SET				SACKS CEMENT						
			· · · · · · · · · · · · · · · · · · ·	-				 						
								<u> </u>						
V. TEST DATA AND REQUES OIL WELL Test must be after re				h			U. 6. 41		5 6 H 24 I	,				
Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)												
			m c		e c aa	2 13								
Length of Test	Tubing Pressure	Casing Press 1				Cioki Size								
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	S	EP1	9 1990	Gas- MCF						
GAS WELL				<u>' </u>	OIL	CC	N. D	NA.						
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF DIST. 3				Gravity of C	Condensate							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size							
VI. OPERATOR CERTIFIC	ATE OF CON	лрт тач	NCE	<u> </u>			······································	<u> </u>						
I hereby certify that the rules and regula	ations of the Oil Con	servation			OIL C	ONS	SERVA	NOITA	DIVISIO	NC				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					SEP 1 9 1990									
Maril & man					Date Approved									
Signature .	11/10			By_			3.	1) E	thank					
Carolyn L. McKee, R. Printed Name	egulatory A	nalyst Tide	<u>t </u>				SUPE	RVISOR	DISTRICT	13				
7/1/90	(806) 378-	Title												

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.