Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II F.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION P.O. Box/2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3817 N.W. Expressway, Oklahoma City, OK 73112  Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Operator  Casinghead Gas  Condensate	<u> 15-09393</u>	
3817 N.W. Expressway, Oklahoma City, OK 73112  Resson(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Operator  Casinghead Class  Condensate		
Resson(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Change in Dry Gas  FifeCf11C. Data  Casinghead Gas  Condensate		
New Well Change in Transporter of:  Recompletion Oil Dry Gas = Effective. Date. 7  Change in Operator Casinghead Gas Condensate		
Recompletion Oil Dry Gas = I=f+cCf1/C. Data 7  Change in Operator Casinghead Gas Condensate =		
Constitute [ ]	7	
	1-1-27/	
f change of operator give name Mesa Operating Limited Partnership, P.O. Box 2009, Amar	illo. Texas 79189	
II. DESCRIPTION OF WELL AND LEASE Lease Name  Well No.   Book Name   Leabellon Books   Description   Description		
West No. 1 foot feating, including Formation Kind of Lease		
Location   Line   Line   Line   State, Federal of		
Unit Letter A: 1030 Feet From The 10/1/1/2 Line and 1185 Feet From The	192424	
roct Plots		
Section of Township Selv Range 1200, NMPM, Sun Juan	County	
II DECIGNATION OF TRANSPORTED OF OUR AND MARKET		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate May Address (Give address to which commend accorded		
Giant Refining, Inc.  Or Condensate  OX  Box 338, Bloomfield, New Me	inis form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of the	this form is to be sent	
El Paso Natural Gas   P.O. Box 1492, El Paso, Tex	xas 79999	
well produces oil or liquids, Unit Sec. Twp. Rgs. is gas actually connected? When?		
1 12 3 3 VV 2011		
this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA		
Oil Well   Gas Well   New Well   Westerner   December 1		
Designate Type of Completion - (X)   Oli Well   Oli Well   New Well   Workover   Doepen   Plug Ba	ack Same Res'v Diff Res'v	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D	l	
	<b>,</b>	
levations (DF, RKB, RI, GR, etc.)  Name of Producing Formation  Top OiVGas Pay  Tubing	Depth .	
erforations		
Depth C	Casing Shoe	
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACIES BENENTITY	
	G C T V Va III	
	v 0 3 1991	
. TEST DATA AND REQUEST FOR ALLOWABLE		
IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this Quite	CON DIA.	
Thate First New Oll Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	DIST. 3	
ength of Test Tubing Pressure Casing Pressure Choke S	ize	
ctual Prod. During Test Oil - Bbls. Water - Bbls. Gas- Mc	F	
GAS WELL  chial Frod. Test - MCF/D    Length of Test   Libble Contemple AAA/CB		
Cital Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF . Gravity of	of Condensate	
etting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Si	<del>                                      </del>	
Choke Si	126	
I. OPERATOR CERTIFICATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION	V DIVISION	
Division have been compiled with and that the information given above	MAY 0 3 1991	
le true and complete to the best of my knowledge and belief.  Date Approved	0 1331	
	1	
Signature   By Birth	3han p	
Signature II HV David		
Rakor Administrative C	DISTRICT AG	
W.W. Baker Administrative Supr. SUPERVISOR	DISTRICT #3	
II.W. Baker Administrative Supr. SUPERVISOR	DISTRICT 13	

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
- 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.

1) Separate Form C-104 must be filed for each pool in multiply completed wells.