

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 16 1981

C. C. B.
ARTESIA, N.M.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Mesa Petroleum Co.

Address 1000 Vaughn Building/Midland, Texas 79701-4493

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Salt Federal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Undesignated ABO</u>	Kind of Lease State <u>Federal</u> or Fee <u>NM</u>	Lease No. <u>23264</u>
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>8 South</u> Range <u>23 East</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558, Breckenridge, TX 76204</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Transwestern Pipeline Co. (Attn: Aiklen)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2521, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>5</u> Twp. <u>8</u> Rge. <u>23</u>	Is gas actually connected? <u>No</u> When <u>12-10-81</u>

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

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 Spudded <u>8-2-81</u>	Date Compl. Ready to Prod. <u>10-7-81</u>	Total Depth <u>3450'</u>	P.B.T.D. <u>3410'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4064.9' GR.</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>2813'</u>	Tubing Depth <u>2728'</u>					
Perforations <u>2813'-----2969'</u>			Depth Casing Shoe <u>3450'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>4435'</u>	<u>600/300/200/550</u>
<u>7 7/8</u>	<u>4 1/2</u>	<u>3450'</u>	<u>500/350</u>
	<u>2 3/8</u>	<u>2728'</u>	

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 <u>384</u>	Length of Test <u>4 hours</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (psat, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>700</u>	Casing Pressure (shut-in) <u>715</u>	Choke Size <u>-</u>

CERTIFICATE OF COMPLIANCE

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

XC:NMCD(6), TLS, CEN RCDS, ACCTG, HOBBS, MEC, LAND, D&M, LMC, CTY, EEB, R, TH, REM, FILE, PARTNERS

R.G. Mark
(Signature)
REGULATORY COORDINATOR
(Title)
11-6-81
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 2 2 1981, 19____
BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

DEC 21 1981

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE December 17, 1981

This is to notify the Oil Conservation Division that connection for the purchase of gas from the Mesa Petroleum Co. Operator

Salt Fed
Lease

4 - Unit Letter ^L Unknown
Well Unit

5-8S-23E, Chaves County
S.T.R.

^{W.C.} Wildcat (Abo)
Pool

Transwestern
Name of purchaser

was made on December 10, 1981

Transwestern Pipeline Company
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe