

OIL CONSERVATION DIVISION

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

RECEIVED

JAN 14 1982

O. C. S.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator Mesa Petroleum Co. ✓

Address 1000 Vaughn Bldg., / Midland, Tx 79701-4493

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Pecos Slope - Abo Gas

Lease Name <u>Coyote Federal</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Undesignated Abo</u>	Kind of Lease <u>Federal of Fee</u>	Lease No. <u>NM-279</u>
Location				
Unit Letter <u>I</u>	: <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>8</u>	Township <u>7 South</u>	Range <u>25 East</u>	NMPM, <u>Chaves</u>	Co. _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Koch Oil Co.</u>	<u>P.O. Box 1558, Breckenridge, Texas 76024</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Transwestern Pipeline Co. (Attn: Aiklen)</u>	<u>P.O. Box 2521, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No Yes</u> When <u>1-26-82</u>
Unit <u>I</u> Sec. <u>8</u> Twp. <u>7S</u> Rge. <u>25E</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. L.
		X	X					
Date Spudded <u>11/10/81</u>	Date Compl. Ready to Prod. <u>12/7/81</u>	Total Depth <u>4100'</u>	P.B.T.D. <u>4034'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3858' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3640'</u>	Tubing Depth <u>3550'</u>					
Perforations <u>3640' --- 3783'</u>			Depth Casing Shoe <u>4090'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	480'	700/300/300
11"	8-5/8"	1705'	700/300/200
7-7/8"	4-1/2"	4090'	500/500
	2-3/8"	3550'	----

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 able 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>1621</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>915</u>	Casing Pressure (Shut-in) <u>870</u>	Choke Size

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: NMOC(6), TLS, GEN RCDS, ACCTG, ROSWELL, MEC LAND, CTY, EEB, TW, K, REM, LMC, PARTNERS, D&M, FILE

Cathy Wilkerson
(Signature)

Production Records Analyst
(Title)

1/15/82
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 1 1982
BY W.A. Grossert
TITLE SUPERVISOR, DISTRICT 2

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

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

REC 12

FEB 2

O. S. I.
ARTESIA

NOTICE OF GAS CONNECTION

DATE January 28, 1982

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

Coyote - Federal
Lease

Well #6 - Unit Letter ^I~~Unknown~~
Well Unit

8-7S-25E, Chaves County
S.T.R.

Recor Slope
~~Wildcat~~ (Abo)
Pool

Transwestern
Name of purchaser

was made on January 26, 1982

Transwestern Pipeline Company
Company

H. N. Aicklen
H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe