										•	
NO. OF COPIES RECEIVED	5					-					
DISTRIBUTION		NE'	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104								
SANTA FE	4		RE	EQUEST	FOR AL	LOWABLE		Suj	persedes Old C lective 1-1-65	-104 and C-1	
FILE	10				AND				activa fafa02		
U.S.G.S.		AUTHORIZ	ATION	TO TRA	NSPOR	OIL AND	NATURAL	GAS			
OIL	171	-									
TRANSPORTER GAS	7							REC	CEIVE	E D	
PRORATION OFFICE	//										
Operator Operator	<u> </u>							SEI	21 1978	}	
Mesa Petro	leum C	0									
Address 1000 Vaughi	n Buil	ding/ Mtdland	, Texa	as 7970	1			-	J. C. C.	Ē	
Reason(s) for filing (Check p	roper box,					Other (Please	explain)				
New Well Change in Trans							ution of Twansnowton Condensets				
Recompletion Oil Change in Ownership Casinghead Ga:									Transporter-Condensate		
Change in Ownership		Casinghead Gas	<u> </u>	Condens	sate []	<u></u>					
If change of ownership give and address of previous ow					· · · · ·						
DESCRIPTION OF WELL	L AND	LEASE	Well No.	Pool Nam	e, Includi	ng Formation	·	Kind of Lec	150		
Bindel Federal Com				1		d, Morrow		i	ral or Fee Fe	deral	
Location Unit Letter	, 660) Feet From The	Nor	rth Line	and 1	980	Feet From	The Wes	t		
Line of Section 9	, Tow	mship 23S			7E	, NMPM,	Edd			County	
DESIGNATION OF TRAI			NATTU	DAT GAS	1	·				,	
Name of Authorized Transpor	ter of Oil	or Condens			Address (is form is to be		
The Permian Corp			Dry Gas	• רסט	P. O.	Box 1183	. Houston	n. Texas	77001 is form is to be		
El Paso Natural			<i>D.</i> , Gu	- W		Box 1492				: sent)	
If well produces oil or liquids			ľwp.	Rge.		ually connected		o, Texas	19970		
give location of tanks.		C 9	23	27		Yes		5-9-78			
f this production is commin	gled witl	h that from any othe	r lease	or pool, g	ive comm	ingling order	number:				
COMPLETION DATA		Oil Well	T Ga	ıs Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'v.	
Designate Type of Co	mpletion		1	1		1	J.	I I	Sunt Austra	DIII. NOS.V.	
Date Spudded		Date Compl. Ready to	o Prod.		Total Dep	th		P.B.T.D.	<u> </u>		
Pool		Name of Producing F	ormation		Top Oil/G	as Pay		Tubing Dept	:h		
Perforations							· · · · · · · · · · · · · · · · · · ·	Depth Casin	- Shop		
								Depin Oden	4 puos		
		TUBINO	, CASI	NG, AND	CEMENT	ING RECORD					
HOLE SIZE		CASING & TU	BING SI	ZE		DEPTH SE	<u></u>	SA	CKS CEMENT	Т	
			·· ······								
		·····			·			-			
TEST DATA AND REQUI	EST FO	R ALLOWABLE	(Test m	ust be afte	r recovery	of total volum	of load oil a	and must be ea	ual to or excee	ed top allow-	
OIL WELL			able fo	or this depti	h or be for	full 24 hours)	<u> </u>			a top attour	
Date First New Oil Run To Tanks Date of Test				Producing Method (Flow, pump, gas li			pump, gas lift	ft, etc.)			
Length of Test		Tubing Pressure		1	Casing Pre			Choke Size	1	2	
Long of fest		rubild Lieseme		'	outing Pre	raaw. v		CHORA SIE	1000.	3,8	
Actual Prod. During Test		Oil-Bbls.		v	Vater - Bbl	· .		Gas-MCF	120	1. PER	
			<u></u>						9.0	<u>1- </u>	
								•	ADP		
AS WELL Actual Prod. Test-MCF/D	1.	l anath of Mass		τ_	151						
Actual Prod. Test-MCF7D		Length of Test		E	ible. Cond	ensate/MMCF		Gravity of Co	mdensate		
Testing Method (pitot, back pr.	., ,	Tubing Pressure		C	asing Pre	ssure		Choke Size			
ERTIFICATE OF COMP	TIANCI	 ก				011 00	NEEDVA	FION COL			
LILLIONIE OF COMP	LIMITUI	-						TION COM	MISSIUN		
hereby certify that the rule	s and res	gulations of the Oil	Conser	vation	APPRO	VED	SEP 3 3/	1978	, 19_		
ommission have been com	olied wit	h and that the info	rmation	given		11/	1 29	ossit	4		

above is true and complete to the best of my knowledge and belief.

michael P.

Division Engineer

(Title)

September 20, 1978 (Date) C: JLF, MEC, FILE, JWH, WI OWNERS

SUPERVISOR, DISTRICT II TITLE.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply recedencells.