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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Mesa Petroleum Co.

Address
Box 2009 Amarillo, Texas 79105

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Lister** Well No. **1** Pool Name, including Formation **North Shoe Bar-Strawn R-4734** Kind of Lease **Fee**
~~Undesignated Strawn~~ State, Federal or Fee

Location
Unit Letter **G**; **1980** Feet From The **North** Line and **1980** Feet From The **East**
Line of Section **13**, Township **16S** Range **35E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P O Box 1183 Houston, Tx. 77001

Name of Authorized Transporter of Casinghead Gas or Dry Gas
None Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit **G** Sec. **13** Twp. **16S** Rge. **35E** Is gas actually connected? **No** When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 9-18-73	Date Compl. Ready to Prod. 11-7-73	Total Depth 12,060'	P.B.T.D. 11,466'					
Pool Undesignated	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,329'	Tubing Depth 11,291'					
Perforations 11,336'-344', 11,347-352', 11,355'-364', 11,368'-371', 11,373'-379', 11,580'		11,382'-386'		Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		433'		450			
12 1/4"	9 5/8"		4170'		600			
8 3/4"	4 1/2"		11580'		1350			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks **11-7-73** Date of Test **11-8-73** Producing Method (Flow, pump, gas lift, etc.) **Flow**

Length of Test **12 hrs.** Tubing Pressure **950** Casing Pressure **zero-pkr.** Choke Size **24/64"**

Actual Prod. During Test **197** Oil-Bbls. **394** Water-Bbls. **-** Gas-MCF **883**

GAS WELL

Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (pitot, back pr.) _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

VI. CERTIFICATE OF COMPLIANCE

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

Michael P. Houston
(Signature)

Production Engineer

(Title)

11-8-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *John W. Runyan*
Geologist

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 completed wells.