

RECEIVED

DEC 9 1982

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator  
Mesa Petroleum Co. ✓

Address  
P.O. Box 2009 / Amarillo, Texas 79189

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

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

If change of ownership give name and address of previous owner \_\_\_\_\_

III. DESCRIPTION OF WELL AND LEASE

Lease Name Haley Com	Well No. 1	Pool Name, including Formation Undesignated ABO	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location <i>W. Perm. Slope</i>				
Unit Letter F	: 1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 7	T. 7 South	Range 23 East	NMPM, Chaves	County

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Company <i>Pennaco Corp.</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box <sup>4123</sup> <del>1558</del> , <sup>Houston</sup> Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. (Attn: Aiklen)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit: F, Sec: 7, Twp: 7, Rge: 23	Is gas actually connected? <input checked="" type="checkbox"/> When: -- 5-9-83

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X	X					
Date Spudded 11-4-82	Date Compl. Ready to Prod. 12-4-82	Total Depth 3100'	P.B.T.D. 3052'					
Elevations (DF, RKB, RT, GR, etc.) 4022' GR 4034' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 2775'	Tubing Depth 2842'					
Perforations 2775' --- 2892'						Depth Casing Shoe 3059'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	1126'	700/200/600					
7 7/8"	4 1/2"	3059'	350					
	2 3/8"	2842'	-					

VI. 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 1479	Length of Test 4 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shot-in) 800	Casing Pressure (Shot-in) 795	Choke Size --

VII. 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: NMOCD-A (0+5), Cen Rcds, Acctg, Res Eng, Gas Cont, OPS (File), Midland, D&M, Roswell, TW, K, Partners

*R. E. Mackis*  
(Signature)  
Regulatory Coordinator  
(Title)  
12-7-82  
(Date)

OIL CONSERVATION DIVISION  
MAY 13 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY Leslie A. Clements  
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 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  
MAY 11 1983  
O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE May 10, 1983

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

Haley Com. Lease #1 - Unit Letter ~~Unknown~~ Well Unit  
7-7S-23E, Chaves County S.T.R. W. Pecora Dept Wildeat (Abo) Pool

Transwestern Name of Purchaser was made on May 9, 1983

Transwestern Pipeline Company Company  
A. K. Berdy Representative  
Jr. Analyst Contract Administration Title

cc: Operator  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

OIL CONSERVATION DIVISION

Artesia, New Mexico

March 1, 1983

C/S 7

Mesa Petroleum Co.  
P.O. Box 2009  
Amarillo, Tx. 79189

Re: Well~~s~~ placed in pool~~s~~

Gentlemen:

As the result of Division Order R-7131 the following described well (~~s~~) (~~has-have~~) been placed in the pool (~~s~~) shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

West Pecos Slope Abo Gas

---

Haley Com #1-F-7-7-23

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order, effective 11-30-82.

Sincerely,

Larry Brooks  
Geologist

Distribution:  
Original - Operator  
Xc: Santa Fe OCD  
Each Transporter