

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

OCT 05 2009

Form C-104
RECEIVED

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JUL 17 1983

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MESA - REG

O. C. D.

SANTA FE, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator MESA PETROLEUM CO.		Received
Address P O BOX 2009 / AMARILLO TX 79189-2009		JUL 15 1983
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Regulatory Reg
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name MESA STATE COM	Well No. 2	Pool Name, Including Formation DIAMOND MOUND ATOKA-MORROW	Kind of Lease State, XXXXXXX LG	Lease # 5644
Location Unit Letter <u>F</u> ; 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line of Section <u>32</u> Township <u>15S</u> Range <u>28E</u> , NMPM, Chaves Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 2370, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 32
	Twp. 15S	Rge. 28E
	Is gas actually connected? <u>Yes</u> When <u>6-29-83</u>	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
		X	X					
Date Spudded 11-3-82	Date Compl. Ready to Prod. 2-28-83	Total Depth 9370'	P.B.T.D. 9304'					
Elevations (DF, RKB, RT, CR, etc.) 3369' GR 3569'	Name of Producing Formation MORROW	Top Oil/Gas Pay 9094'	Tubing Depth 8976'					
Perforations 9094' - 9122'		PRODUCTION RECORDS			Depth Casing Shoe 9367'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	475'		300				
11"	8 5/8"	1847'		275/400				
7 7/8"	4 1/2"	9367'		1100/200/700/200				
	2 7/8"	8976'						

V. 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 a
ble 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 2739	Length of Test 4 hours	Bbls. Condensate/MMCF 65	Gravity of Condensate 59.2
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 2640	Casing Pressure (Shut-in) PACKER	Choke Size ---

I. CERTIFICATE OF COMPLIANCE

ORIG: RENL xc: Midland Well File, LAND 7-13-83

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-D-A(0+6), CENRCDs, ACCTG, GAS CONT, ENG, OPS (FILE)
MIDLAND, ROSWELL, PARTNERS, PERMIAN, NN, D&M

R. E. Mathis

(Signature) R. E. MATHIS

REGULATORY COORDINATOR

(Title)

3-16-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 11 1983

BY Original Signed By

Leslie A. Clements

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 deep
well, this form must be accompanied by a tabulation of the devia
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filed for each pool in mult
compleated wells.