

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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MAR 06 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. L.
ARTESIA OFFICE

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TRANSPORTER	OIL 1 GAS 1
OPERATION	1
PRODUCTION OFFICE	

Operator
MESA PETROLEUM CO. ✓

Address
1000 VAUGHN BUILDING/MIDLAND, TX 79701

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

W. Pecos Slope - Abo Gas

Lease Name ROCK FEDERAL	Well No. 2	Pool Name, including Formation WILSON ABO	Kind of Lease State, <u>Federal</u> or Fee	Lease No. 36643 NM
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>7</u> Township <u>8 SOUTH</u> Range <u>23 EAST</u> , NMPM, <u>CHAVES</u> County				

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	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1558 BRECKENRIDGE TX 76024	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2018, ROSWELL, NM 88201	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>7</u> Twp. <u>8</u> Rge. <u>23</u>
Is gas actually connected?		When <u>EST. MARCH 15, 1981</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. Res'v.
		X	X					
Date Spudded 4-18-80	Date Compl. Ready to Prod. 8-5-80	Total Depth 3500'	P.B.T.D. 3428'					
Elevations (DF, RKB, RT, GR, etc.) 4102.8' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 2810'	Tubing Depth 2713'					
Perforations 2810' --- 2819'			Depth Casing Shoe 3500'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	710'	100/200/300
7 7/8"	4 1/2"	3499'	1300/200
	2 3/8"	2713'	

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 212	Length of Test 3.5 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 740	Casing Pressure (Shut-in) 750	Choke Size 8/64"

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.

C: MEC, TLS, CEN RCDS, ACCTG, MAH, LMC, D&M, PARTNERS,
FILE NMOCD (6), HOBBS, KOCH, RW

REGULATORY COORDINATOR
(Title)

MARCH 6, 1981 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 2 1981
BY W. A. Bressett
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 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 only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple completed wells.