

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

RECEIVED

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	

Operator  
MESA PETROLEUM CO. /Address  
1000 VAUGHN BUILDING MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
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. 5	Pool Name, including formation WILDCAT ABO	Kind of Lease State, Federal <input checked="" type="checkbox"/> Fee	Lease No. NM 36643
Location Unit Letter B : 990 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 18 Township 8 SOUTH Range 23 EAST, NMPM, CHAVES County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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"/>	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 B	Sec. 18	Twp. 8	Rge. 23	Is gas actually connected? NO Yes	When 5-28-81

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 7-26-80	Date Compl. Ready to Prod. 9-15-80	Total Depth 3500'	P.B.T.D. 3460'					
Elevations (DF, RKB, RT, GR, etc.) 4143.2' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 2876'	Tubing Depth 2806'					
Perforations 2876'---3351'			Depth Casing Shoe 3500'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	726'	820/320/200
7 7/8"	4 1/2"	3500'	650/800/100
	2 3/8"	2806'	

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 360	Length of Test 3 HOURS	Bbls. Condensate/MMCF -	Gravity of Condensate DRY
Testing Method (piston, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 790	Casing Pressure (Shut-in) 792	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.

XC: NMOC (6), TLS, CEN RCDS, ACCTG, MAH, D&M,  
LMC, MEC, MAH, PARTNERS, FILE, HOBBS, KOCH,

R. F. Madhous (Signature)

REGULATORY COORDINATOR (Title)

MARCH 6, 1981 (Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 02 1981, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

TW 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 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 filled for each pool in multi-well completions.