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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
OFFICE

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DISTRIBUTION	
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FILE	1
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
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

II. DESCRIPTION OF WELL AND LEASE

Pecos Slope - ABO Gas

Lease Name COYOTE FEDERAL	Well No. 1	Pool Name, Including Formation Hard WILCOX ABO	Kind of Lease State, <u>Federal</u> or Fee	Lease No. 27970 NM
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>5</u> Township <u>7 SOUTH</u> Range <u>25 EAST</u> , NMPM, <u>CHAVES</u> County				

III. 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 Sec. Twp. Rge. <u>H</u> <u>5</u> <u>7</u> <u>25</u>
Is gas actually connected? <u>NO</u> <u>YES</u>	When <u>3-25-81</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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
Date Spudded 12-3-80	Date Compl. Ready to Prod. 2-3-81	Total Depth 4400'	P.B.T.D. 4165'
Elevations (DF, RKB, RT, GR, etc.) 3893.9' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3658'	Tubing Depth 3726'
Perforations 3658' --- 3842'			Depth Casing Shoe 4399'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	515'	1060/180
11"	8 5/8"	1688'	200/200
7 7/8"	4 1/2"	4399'	600/500
	2 3/8"	3726'	

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 634	Length of Test 2 1/2 HOURS	Bbls. Condensate/MMCF TSTM	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 675	Casing Pressure (Shut-in) 675	Choke Size -

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: NMOCD (6), MEC, TLS, CEN RCDS, ACCTG, MAH, LMC, PARTNERS, FILE, HOBBS, KOCH, TW

R. E. Marking

(Signature)

REGULATORY COORDINATOR

(Title)

MARCH 6, 1981

(Date)

OIL CONSERVATION DIVISION

MAR 30 1981

APPROVED _____, 19

BY *W. A. Gressitt*
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 Forms C-104 must be filed for each pool in multiply