

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF SPOTS REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name HUGGINS FEDERAL	Well No. 1	Pool Name, Including Formation UNDESIGNATED ABO	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM 33266
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>15</u> Township <u>5S</u> Range <u>24E</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	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>G</u>	Sec. <u>15</u>
	Twp. <u>5</u>	Rge. <u>24</u>
	Is gas actually connected? <u>NO YES</u> When <u>5-8-81</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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>1-6-81</u>	Date Compl. Ready to Prod. <u>3-10-81</u>	Total Depth <u>4155'</u>		P.B.T.D. <u>4021'</u>				
Elevations (DF, RAB, RT, GR, etc.) <u>3971.7' GR</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>3592'</u>		Tubing Depth <u>3761'</u>				
Perforations <u>3592' --- 3856'</u>				Depth Casing Shoe <u>4060'</u>				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>815'</u>	<u>900/200/350</u>
<u>11"</u>	<u>8 5/8"</u>	<u>1850'</u>	<u>700/200</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>4060'</u>	<u>600/300</u>
	<u>2 3/8"</u>	<u>3761'</u>	

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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>967</u>	Length of Test <u>2 3/4 hours</u>	Bble. Condensate/MMCF <u>--</u>	Gravity of Condensate <u>--</u>
Testing Method (spot, back pr.) <u>BACK PRESSURE</u>	Tubing Pressure (Shut-in) <u>990</u>	Casing Pressure (Shut-in) <u>985</u>	Choke Size <u>--</u>

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: MEC, TLS, CEN RCDS, ACCTG, MAH, D&M, LMC,
TRANSWESTERN, KOCH, ROSWELL, FILE, PARTNERS, NMOCDR. E. Mathis

(Signature)

REGULATORY COORDINATOR

(Title)

MARCH 17, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 10 1981, 19BY W. A. GressittTITLE SUPERVISOR, DISTRICT II

(6) This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate 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 V for changes of own well name or number, or transporter, or other such change of condition.

Form C-104 must be filed for each pool in multi-

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

AIR MAIL

MAY 13 1981

NOTICE OF GAS CONNECTION

O. C. P.
FEDERAL OFFICE

DATE May 13, 1981

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

Huggins-Federal
Lease

Well #1 - Unit Letter ~~unknown~~
Well Unit

15-5S-24E, Chaves Co.
S.T.R.

Wildcat (Abo)
Pool

Transwestern
Name of purchaser

was made on May 8, 1981

Transwestern Pipeline Company
Company

 H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe