

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	1
GAS	1
OPERATION	1
PRODUCTION OFFICE	

Operator MESA PETROLEUM CO. MAR 19 1981Address 1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>COYOTE FEDERAL</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Pecos Slope - Abo Gas</u> UNDESIGNATED ABO	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM - 27970</u>
Location				
Unit Letter <u>B</u>	<u>660</u>	Feet From The <u>NORTH</u> Line and	<u>1980</u>	Feet From The <u>EAST</u>
Line of Section <u>17</u>	Township <u>7S</u>	Range <u>25E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>KOCH OIL CO.</u>	<u>P O BOX 1558 BRECKENRIDGE TX 76024</u>
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)
<u>TRANSWESTERN PIPELINE</u>	<u>P O BOX 2018 ROSWELL NM 88201</u>
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>17</u> Twp. <u>7</u> Rge. <u>25</u>
Is gas actually connected?	When <u>4-27-81</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 <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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>1-5-81</u>	Date Compl. Ready to Prod. <u>3-12-81</u>	Total Depth <u>4300'</u>	P.B.T.D. <u>4166'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3862' GR</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Ray <u>3619'</u>	Tubing Depth <u>3754'</u>					
Perforations <u>3619'---3804'</u>	Depth Casing Shoe <u>4268'</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>793'</u>	<u>200/1000/200/130</u>
<u>11"</u>	<u>8 5/8"</u>	<u>1810'</u>	<u>500/200</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>* 4268'</u>	<u>250/300</u>
	<u>2 3/8"</u>	<u>3754'</u>	<u>-</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.)	
		<u>Posted ID 3</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			<u>5-8" Pro</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			<u>2600</u>

GAS WELL *Whipstock below 4 1/2" casing at 4280'. Radio-active tool in bottom of hole.

Actual Prod. Test-MCF/D <u>714</u>	Length of Test <u>2 1/4 HOURS</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>BACK PRESSURE</u>	Tubing Pressure (Shut-in) <u>860</u>	Casing Pressure (Shut-in) <u>860</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.

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

(Signature)

REGULATORY COORDINATOR

(Title)

MARCH 17, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 04 1981, 19BY W. A. GressettTITLE 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 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.

Form C-104 must be filed for each well in multiple

NEW MEXICO OIL CONSERVATION DIVISION

RECEIVED

P. O. DRAWER "DD"

APR 30 1981

ARTESIA, NEW MEXICO 88210

O. C. D.
ARTESIA, OFFICE

AIR MAIL

NOTICE OF GAS CONNECTION

DATE April 28, 1981

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

Coyote-Federal
Lease

Well #3 - Unit Letter ^B ~~unknown~~
Well Unit

17-7S-25E, Chaves Co.
S.T.R.

~~Unders. Wildcat~~ (Abo)
Pool

Transwestern
Name of purchaser

was made on April 27, 1981

Transwestern Pipeline Company
Company

H. N. Aicklen

H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe