

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

Form C-104  
Revised 10-1-78

RECEIVED

AUG 06 1981

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	1
FILE	1
USUAL	1
LAND OFFICE	
TRANSPORTER	OIL 1
	NAT 1
OPERATION	1
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: HOBBS FEDERAL  
Well No.: 1  
Pool Name, including Formation: ~~UNDESIGNATED ABO~~ *Pecos Slope - Abo Gas*  
Kind of Lease: State, Federal or Fee: NM  
Lease No.: 36410

Location  
Unit Letter: G; 1980 Feet From The NORTH Line and 1980 Feet From The EAST  
Line of Section: 8 Township: 6 Range: 25, 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)
KOCH OIL COMPANY	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)
TRANSWESTERN PIPELINE CO.	P O BOX 2018 ROSWELL NM 88201
If well produces oil or liquids, give location of tanks.	Unit: G Sec: 8 Twp: 6 Rge: 25
	Is gas actually connected? <i>NO</i> <i>Yes</i> When: 9-24-81

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-9-81	7-29-81	4300'	4259'					
Elevation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4071.5' GR	ABO	3736'	3640'					
Perforations			Depth Casing Shoe					
3736'---4087', ABO			4299'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1960'	600/200/300/300
7 7/8"	4 1/2"	4299'	500/300
	2 3/8"	3640'	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1069	4 HOURS	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	790	750	-

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: NMOC (6), TLS, CEN RCDS, ACCTG, MEC, LAND, PARTNERS, D&M, EEB, ROSWELL, LMC, CTY, TW, K, FILE, MTS (3)

*R. P. Martin*  
(Signature)  
REGULATORY COORDINATOR

AUGUST 5, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED *SEP 29 1981*  
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 Form C-104 must be filed for each pool in multiple completed wells.

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NEW MEXICO OIL CONSERVATION DIVISION

SEP 28 1981

P. O. DRAWER "DD"

O. C. D.  
ARTESIA, OFFICE

ARTESIA, NEW MEXICO 88210

AIR MAIL

NOTICE OF GAS CONNECTION

DATE September 25, 1981

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

Hobbs-Federal  
Lease

Well #1 - Unit Letter <sup>G</sup>Unknown  
Well Unit

8-6S-25E, Chaves County  
S.T.R.

~~Wildcat~~ (Abo)  
Pool

Transwestern  
Name of purchaser

was made on September 24, 1981

Transwestern Pipeline Company  
Company



H.N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe