

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 16 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
Mesa Petroleum Co.Address
1000 Vaughn Building/Midland, Texas 79701-4493

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"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name China Federal	Well No. 1	Pool Name, including Formation Undesignated ABO	Kind of Lease State, <u>Federal</u> or Fee NM	Lease No. 36648
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>18</u> Township <u>7 South</u> Range <u>23 East</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 76204					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. (Attn: Aiklen)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 7	Rge. 23	Is gas actually connected? <u>No</u>	When <u>11-16-82</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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-25-81	Date Compl. Ready to Prod. 10-13-81	Total Depth 3518'	P.B.T.D. 3477'					
Elevations (DF, RKB, RT, GR, etc.) 4089.6' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 2874'	Tubing Depth 2720'					
Perforations 2874'-----2989'			Depth Casing Shoe 3518'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 3/8	1579'	800/150/200/800
7 7/8	4 1/2	3518'	600/350
	2 3/8	2720'	-

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)

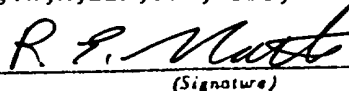
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1706	Length of Test 4 hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pistol, back pr.) Back Pressure	Tubing Pressure (Shut-in) 820	Casing Pressure (Shut-in) 750	Choke Size 26/64

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), T.L.S., CEN RCDS, ACCTG, ROSWELL, MEC, LAND
D&M, TW, K, EEB, CTY, FILE, REM

REGULATORY COORDINATOR

11-6-81

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 23 1982, 19BY Original Signed By
Leslie A. Clements
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 filled for each pool in multiple completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

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NOV 22 1982

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE November 19, 1982

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

Operator

China-Federal

Lease

Well #1-Unit Letter ~~Unknown~~
Well Unit

18-7S-23E, Chaves County

S.T.R.

Wildcat (Abo)

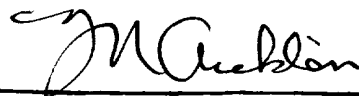
Pool

Transwestern

Name of purchaser

was made on November 16, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe