	•				
STATE OF NEW MEXICO	OIL CONSERV	ATION DIVISIO	N	RECEIVED	
0151711914110H		0X 2088 W MEXICO 87501	10	N 21 1983	
U.L.U.L.			· JA	2 I 1983	
TRANSPORTER DIL		DR ALLOWABLE	. C	D. C. D.	
	AUTHORIZATION TO TRANS		RAL GAS-ARTI	ISIA, OFFICE	
Operator Mesa Petroleum Co.					
P.O. Box 2009 / Amari					·
Keoson(s) for filing (Check proper b) New Well	oxj Change in Transporter ol:	Other (Please	explain)		
Recompletion		ו• 🔲			
Change in Ownership	Casingh eod Gas Conae	ensate X	······································	<u></u>	
If change of ownership give name and address of previous owner					
. DESCRIPTION OF WELL ANI	Well No. Pool Name, Including I		Kind of Lease	<u> </u>	Locse N
MELENA FEDERAL	1 Wildcat-Penn-	Pecos Slope ABO	Sunex Foderal	test NM	33943
Unit Letter;	60Feet From The NorthL	ne and 1980	_ Feet From The	West	
Line of Section 15 T	mship 95 Range	24Е , ммрм,		Chaves	Count
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
Nome of Authorized Transporter of C	211 🔲 or Condensate 🗶	Address (Give address t P.O. Box 1183) de sentj
Permian Corporation	asinghead Gas 📄 or Dry Gas 🕎	Address (Give address t			o be sentj
Transwestern Pipelin		P.O. Box 2521		<u>Texas 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				
	with that from any other lease or pool,	, give commingling order	number:		
Designate Type of Complet	Oil Well Gas Well	New Well Workover	Deepen 7	Plug Back Same Res	v. Diff. Res
Designate Type of Compres	Date Compl. Ready to Prod.	Total Depth	• 	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
Perioralions				Depth Casing Shoe	<u></u>
	TUBING, CASING, AN	D CEMENTING RECOR	0		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT
				<u> </u>	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a phile for this d	after recovery of total volum lepth or be for full 24 hours,	me of load oil and	l must be equal to or e	xceed top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		eic.)	<u> </u>
Length of Test	Tubing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size	
Actual Pred. During Test	011-Bbla.	Water-Bbls,		Gas - MCF	<u></u>
			L	. <u></u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	-	Gravity of Condensate	
Testing Method (pitol, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-	-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE			N DIVISION	
					19
Division have been complied wi	i regulations of the Oil Conservation th and that the information given he best of my knowledge and belief.				
XC: NMOCD-A (0+5) CEN		TITLE			
REM (FILE)	1 -	This form is to	te filed in con	npliance with RULE	1104,
R. G. Mlatt		If this is a requ	test for allowed	to for a newly drille	d or deeper I the deviat
	(Signalwe) REGULATORY COORDINATOR		vall in accorda this form must	be filled out cample	•
	Tille) 11. 82	able on new and tec	completed well	". 131 and VI for chan	igua of own
	11-83 Daiej	well name or number	, or transporter,	or other such chang is filed for each po	an court
		Separate Poins B completed wells.	101 10000 1		

1314 1	STATE OF NEW MEXICO	OIL CONSERVA	TION DIVISIC	N.	RECEIVED	
		P. O. BO SANTA FE, NEW			JAN 21 1983	
	LAND OFFICE				0. C. D	÷
Ì	TRANSPORTER DIL	REQUEST FOF	ND	· .	ARTESIA, OFFICE	
.	CPENATOR	AUTHORIZATION TO TRANSF	PORT OIL AND NATU	RAL GAS-	en y en nee	.¥
1.	Mesa Petroleum Co.	<u> </u>	······································		· · · · · · · · · · · · · · · · · · ·	
	Address P.O. Box 2009 / Amaril	10 Texas 79189			····	
	Keason(s) for filing (Check proper box		Other (Please	explain)		
	New Vell	Change in Transporter of:				
	Recompletion Change in Ownership	Cil Dry Ga Casingheod Gas Conder				
	If change of ownership give name					
	and address of previous owner	TEASE				
1.	Lease Name	Well No. Pool Name, Including F	Pour Class App	Kind of Lee	al M	Loase N
	MELENA FEDERAL	1 W ildcat Penn	Pecos Slope ABO	XXXX · · · · · · · · · · · · · · · · ·		33943
	Unit Letter;660)Feet From The NorthLin	• and <u>1980</u>	Feet From	West	
	Line of Section 15 T.	mship 95 Range	24E , NMPN	l	Chaves	S Count
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S			
	Nome of Authorized Transporter of Cil	or Concensate X	Address (Give address		roved copy of this form is i on, Texas 77001	to be sentj
	Permian Corporation Name of Authorized Transporter of Ca	singhead Gas 📄 or Dry Gas 🕎			roved copy of this form is i	io be sentj
	Transwestern Pipeline		P.O. Box 2521		on, Texas 7700	1
	If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. Ree.				
		th that from any other lease or pool,	give commingling orde	т гитрец. 		
¥.	COMPLETION DATA Designate Type of Completion	on - (X)	New Well Workover	Deepen	' Plug Beer ' Same Re:	s'v. ' Diff. Re
	Date Spudded	Date Compl. Ready to Prod.	Total Dopth	i	P.B.T.D.	
	Zievalions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth	
•	Perforations	·	İ		Depth Casing Shoe	
			CENENTING RECOR	20		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT
	l					
			<u> </u>		il and must be equal to or	********
2.	TEST DATA AND REQUEST F	able for this de	pict recovery of total ball pich or be for full 24 hour Producing Method (Flow	\$ <u>}</u>		
	Date First New Oil Bun To Tanks	Date of Test	Producing Method (110			
	Length of Test	Tubing Pressure	Casing Pressure		Choxe Size	
	Actual Pred. During Test	Oll-Bhis.	Water-Bbis.		Cas-MCF	
			<u> </u>			•
	GAS WELL	Length of Test	Bbis. Condenacte/AM		Gravity of Condensate	•
			Cosing Pressure (Shut		Chote Size	
	Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)				
1.	CERTIFICATE OF COMPLIAN	CE			ATION DIVISION	• .
	I hereby certify that the rules and	regulations of the Oll Conservation				
	Division have been complied with above is true and complete to th	and that the information given e best of my knowledge and belief.				
	XC: NMOCD-A (0+5) CEN I	RCDS, ACCTG, ENG,	11			
	REM (FILE)		This form is to be filed in compliance with MULE 1194. If this is a request for allowable for a newly drilled or d		led or deeps	
(Signalwe) REGULATORY COORDINATOR			well, this form mu-	well in act	panied by a fabulation cordance with HULE 11	01 1/4 24414 11.
		RY COORDINATOR	All sections of able on new and i	f this form	must be filled out comp	letely for al
	•	1-83		Custons 1	II. III. and ∇I for charger, or other such chan	ingen of ow
	<i>U</i>)	a16)	Seperate For	n# C+104 m	ust 1. filed for each 1	pool in muit
			H consoleted wells.			

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STATE OF NEW MEXICO	OUL CONSERVA	VIION DIVISION	RECEMED 104	
	P. O. DC		JAN 21 1983	
LAND OFFICE		R ALLOWABLE	O. C. D. ARTESIA, OFFICE	
044	AUTHORIZATION TO TRANS		2 3 19 4	
Mesa Petroleum Co.				
Address P.O. Box 2009 / Amaril Resson(s) for filing (Check proper box		Other (Please explai		
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Condet		· · · · · · · · · · · · · · · · · · ·	
If change of ownership give name and address of previous owner			·	
1. DESCRIPTION OF WELL AND Lesse Norme MELENA FEDERAL	 Well No. Pool Name, Including F 	ormation Pecos Slope ABO	Foderal XXXX MM 33943	
Unit Letter;66(DFeet From The North Lin	• and 1980 Feet	From The West	
Line of Section 15 T	mahip 95 Range	24Е , ммрм,	Chaves Count	
I. DESIGNATION OF TRANSPOR Neme of Authorized Transporter of Cil Permian Corporation Name of Authorized Transporter of Ca	or Condensate X	Address (Give address to which P.O. Box 1183 / Hou	a approved copy of this form is to be sent) 1ston, Texas 77001 a approved copy of this form is to be sent)	
Transwestern Pipeline If well produces oil or liquids, give location of tanks.	Co. (Attn: Aiklen)	P.O. Box 2521 / Ho	uston, Texas 77001	
If this production is commingled wi	th that from any other lease or pool,	give commingling order numbe	:f:	
Designate Type of Completion	on - (X)	New Well Workover Deep	Plug Back Same Resty. Dill. Res	
Zievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations	· · ·	<u> </u>	Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1		
. TEST DATA AND REQUEST F	able for this de	(ier recovery of social volume of lo pik or be for full 24 hours) Producing Method (Flow, sump.	ad oil and must be equal to or exceed top all	
Date First New Oil Run To Tanks	Date of Test			
Length of Test	Tuoing Pressure	Caxing Pressure	Choke Size	
Actual Pred. During Test	С11-ВЫ а.	Water-251s.		
GAS WELL	Length of Test	Bbis. Condenecte/MMCF	Gravity of Condensate	
Tealing Method (pilol, back pr.)	Tubing Presews (funt-in)	Cosing Pressure (Shot-10)	Chot • Sixe	
. CERTIFICATE OF COMPLIAN	CE		RVATION DIVISION	
Division have been complied with	egulations of the Oll Conservation and that the information given best of my knowledge and belief.	APPROVED	, 19	
XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) R. G. Matta (Signaliwa)		TITLE		
	1-83	Fill out only Section	• I. II. III. and VI for changes of own naporter, or other such change of condition	

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	STATE OF NEW MEXICO	•			
N		OIL CONSERV	ATION DIVISION	Form C-104 RECENED ^{ed 10-1-78}	
		P. O. B	OX 2018 W MEXICO 87501		
	V 1. 0.1.			JAN 21 1983	
	LAND OFFICE		DR ALLOWABLE	O. C. D. 👔	
			AND SPORT OIL AND NATURAL GAS-	ARTESIA, OFFICE	
1.	Operation Operation Mesa Petroleum Co.	······································	*****		
	Address P. O. Boy 2000 / Amaria	11- 7 70100	······································		
	P.O. Box 2009 / Amari				
	New Well	Change in Transporter of:	Other (Please explain)		
	Recompletion				
	Change in Ownership	Cazingheod Gas Conde	ensate X	· · · · · · · · · · · · · · · · · · ·	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND				
	MELENA FEDERAL	Well No. Pool Name, Including 1 1 Wildcat-Penn-	PRLOS Slope ABO Suite Fode		
	Location C 66	0 North	1000		
	Unit Letter;;	0 Feet From The North Li	ne and 1980 Feet From	n The West	
	Line of Section 15 To	mahip 95 Range	24Е , ммрм,	Chaves Count	
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		roved copy of this form is to be sent)	
	Permian Corporation		P.O. Box 1183 / Housto	on, Texas 77001	
	Name of Authorized Transporter of Ca			oved copy of this form is to be sent)	
	Transwestern Pipeline	Co. (Attn: Aiklen) Unit Sec. Twp. Rge.	P.O. Box 2521 / Houst	on, Texas 77001	
	cive location of tanks.	<u>; C 15 9 24</u>	!		
٧.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	·····		
	Designate Type of Completing	on = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Boox Some Restv. Dill. Res	
	Date Spuddod	Date Compl. Recay to Prod.	Total Dopth	P.B.T.D.	
	Dievotions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforațions	<u> </u>		Depth Casing Shoe	
		TUBING CASING AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
2.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	lifter recovery of total volume of load oi	l and must be equal to or exceed top all.	
	OIL WELL Date First New Oil Run To Tanks	able for this de Date of Test	pith or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	Tubing Pressure	Cosing Pressure	Choixe Size	
	Actual Pred. During Test	Oil+Bhla.	Walet-Bbla.	Gas - MCF	
				·	
Ī	GAS HELL Actual Prod. Tout-MCF/D	Length of Test	Bbls. Condenecte/AMCF	Gravity of Condensate	
	Testing Weihod (pirat, back pr.)	Tubing Presews (Elist-in)	Cosing Pressue (Shot-in)	Chote Size	
. [
1.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		OIL CONSERVA		
			APPROVED		
	above is thus and complete to the	best of my knowledge and belief.	- BY		
XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) REGULATORY COORDINATOR (Tule)			TITLE		
		not	If this is a request for allo	compliance with RULE 1104, wable for a newly drilled or despen-	
		sture j	well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the Sevial ordance with MULE 111.	
		- All sections of this form must be filled out completely for allo- able on new and recompleted wells.			
-	<u>1-11</u> (De	······································	Fill out only Sections I. II. III, and VI for changes of owner well pame or number, or transporter, or other such change of condition		
		-		at the filled for each pool in multip	

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STATE OF NEW MEXICO		ATION DIVISION	RECEIVED Form C-104 RECEIVED Revised 10-1-78		
- DISTAIRUTION		OX 2088 W MEXICO 87501	JAN 21 1983		
		OR ALLOWABLE	O. C. D.		
TAANSPORTER GAS		AND SPORT OIL AND NATURAL GAS	ARTESIA, OFFICE 🔒		
Desa Petroleum Co.	· · · · · · · · · · · · · · · · · · ·				
Address P.O. Box 2009 / Amar					
Kenson(s) for Tiling (Check proper New Well	Change in Transporter of:	Other (Please explain)			
Recompletion	CII Dry C Caxinghead Gas Cond	ensale X			
If change of ownership give name and address of previous owner	e				
1. DESCRIPTION OF WELL AN	D LEASF.	Formation Kind of 1	Lease N		
MELENA FEDERAL		Pecos Slope ABO STARF			
	560 Feet From The North	ine and <u>1980</u> Feet Fi	The West		
Line of Section 15	Ternship 95 Range	24E , NMPM,	Chaves Count		
I. DESIGNATION OF TRANSPO Nome of Authorized Transporter of	CIL CIL CONCERNENCE	Address (Give address to which a	pproved copy of this form is to be sentj		
Permian Corporation	Casinghead Gas 🔲 or Dry Gas 🕎	P.O. Box 1183 / Hous Address (Give address to which ap	ton, Texas 77001 pproved copy of this form is to be sentf		
Transwestern Pipelir	ne Co. (Attn: Aiklen)	P.O. Box 2521 / Hous	ton, Texas 77001		
If well produces oil or liquids, give location of tanks,	C 15 9 24		 1		
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool	•			
Designate Type of Comple		New Well Workover Deepen	Plug Back Same Resty. Diff. Res		
Date Spuddød	Date Compl. Recay to Prod.	Total Depth	P.B.T.D.		
Dievations (DF, RKB, RT, CR, esc.) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT		
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test musice] after recovery of total volume of load	i oil and must be equal to or exceed top all		
OIL WELL Date First New Oil Bun To Tanks		epik or be for full 24 hours) Producing Method (Flow, pump, ga			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Pred. During Test	ОШ-БЫ .	Wolet-Bbla.	Gam+MCF		
GAS WELL	Length of Test	Bbla. Condenecte///MCF	Cravity of Condeneate		
Testing Method (pitol, back pr.)	Tubing Presewe (Ehst-in)	Coming Pressure (Sbut-in)	Choke Size		
CERTIFICATE OF COMPLIA			/ATION DIVISION		
CERTIFICATE OF COMPERA			, 19		
Division have been complied wi	d regulations of the Oll Conservation (th and that the information given (the beat of my knowledge and belief.				
XC: NMOCD-A (0+5) CEN REM (FILE)	,	TITLE			
REM (FILE) R. G. 1.	R. G. Math		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen		
(Signature) REGULATORY COORDINATOR		well, this form must be accor tests taken on the well in ac	π panied by a tabulation of the devial condance with MULE 111.		
(Tille)	able on new and recompleted			
	11-83 Dolej	well manie or number, or trans	1. 11. 111, and VI for changes of own parter, ar other such change of condition must be filed for each pool in multiplication.		
•		Separate Forms C-104 r	now the triad for each boot th county		

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-43	STATE OF NEW MEXICO ERGY AND MINEPALS DEPARTMENT			Form C-104 Revised 10-1-78	
			ATION DIVISION		
	1 ANTA FE	SANTA FE, NE	W MEXICO 87501		
	LAND OFFICE		OR ALLOWABLE		
	TRANSPORTER DIL		AND		
ι.	PERATOR		SPORT OIL AND NATURAL GA	<u> </u>	
	Mesa Petroleum Co.	• • • • • • • • • • • • • •	·		
	Address P.O. Box 2009 / Amari	.110. Texas 79189			
	Keeson(s) for filing (Check proper be		Other (Please esplain,)	
	New Well Aecompletion	Change in Transporter of: Oil Dry G			
	Change in Ownership	Caxinghrod Gas Conde	ensale X	····	
	If change of ownership give name and address of previous owner				
T	DESCRIPTION OF WELL AND				
	Lease Nome MELENA FEDERAL	- Well No. Pool Name, Including I	Formation Kind of PRCDS Slope ABO Start		
	Location	1 Wildcat Penn-	recos stope ABO XXXX	•deral ***** /// 33943	
	Unit Letter C : 66	60 Feet From The North Li	ine and 1980 Feet J	From The West	
	Line of Section 15 T	mship 95 Range	24Е , ммрм,	Chaves Count	
1.	DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of C		Ascress (Give address to which i	approved copy of this form is to be sentj	
	Permian Corporation	asinghead Gas 📄 of Diy Gas 🕎	P.O. Box 1183 / Hous Address (Cive address to which	approved copy of this form is to be sentj	
	Transwestern Pipeline	Co. (Attn: Aiklen)	P.O. Box 2521 / Hou	ston, Texas 77001	
	If well produces oil or liquids, give location of tanks,	C 15 9 24		1	
v.	If this production is commingled w COMPLETION DATA	with that from any other lease or pool,	, give commingling order number	t	
	Designate Type of Complet	ion - (X)	New Well Workover Deepe	n Plug Book Same Restv. Dill. Res	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Zievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
•		·	<u> </u>	Depth Casing Shoe	
				· · · · · · · · · · · · · · · · · · ·	
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
<i>.</i>	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a		i d oil and must be equal to or exceed top all	
	OIL WELL Date First New Oil Run To Tanks		epth or be for full 24 hours) Producing Kiethod (flow, pump, g		
			Coxing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	Actual Pred. During Test	011- Выл.	Waler-Bhis.	Gan - MCF	
i	GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbis. Condenscie/AdMCF	Gravity of Condensate	
	Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Sbot-in)	Chote Size	
	CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. IC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) A. G. MARA (Signature) REGULATORY COORDINATOR			VATION DIVISION	
				, 19	
			·BY		
			i i		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	(7	lile)	able on new and recomplete		
		1-83	Fill out only Sections I, II. III, and VI for changes of own well name or number, or transporter, or other such change of condition		
			Separate Forms C-104 remulted wells.	must be filed for each pool in multip	