

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 01 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	7
FILE	7
U.S.O.R.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 7
OPERATOR	1
PRODUCTION OFFICE	

Operator
MESA PETROLEUM CO. ✓

Address
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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 FOREMAN FEDERAL	Well No. 1	Pool Name, Including Formation UNDESIGNATED ABO	Kind of Lease State, <u>Federal</u> or Fee NM	Lease No. 14754
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>6S</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"/> 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 CO.	Address (Give address to which approved copy of this form is to be sent) P O BOX 2015 ROSWELL NM 88201					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17	Twp. 6	Rge. 25	Is gas actually connected? <u>NO</u> <u>yes</u>	When <u>8-24-81</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
		X	X					
Date Spudded 3-23-81	Date Compl. Ready to Prod. 5-12-81	Total Depth 5080'	P.B.T.D. 4255'					
Elevations (DF, RKB, RT, GR, etc.) 4023.3'	Name of Producing Formation ABO	Top Oil/Gas Pay 3706'	Tubing Depth 3800'					
Perforations 3706'---4021', ABO	Depth Casing Shoe 4297'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	840'	350/100/350/200
11"	8 5/8"	2024'	250/100/250/100/300
7 7/8"	4 1/2"	4297'	700/200/300

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 1355	Length of Test 2 3/4 HRS	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 855	Casing Pressure (Shut-in) 895	Choke Size -

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), TLS, CEN RCDS, ACCTG, MEC, LAND, EEB,
TW, K, D&M, LMC, FILE

R. E. Mark
(Signature)

REGULATORY COORDINATOR

MAY 27, 1981

(Date)

OIL CONSERVATION DIVISION
AUG 28 1981

APPROVED _____, 19____
BY W. A. Gressett
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 deviated 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 multi-completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

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AUG 28 1981

O. C. D.
ARTESIA, OFFICE

AIR MAIL

NOTICE OF GAS CONNECTION

DATE August 25, 1981

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

Foreman - Federal
Lease

Well #1 - Unit Letter "B"
Well Unit

17-6S-25E, Chaves County
S.T.R.

Wildcat (abo)
Pool

Transwestern
Name of purchaser

was made on August 24, 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