

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 17 1981

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION 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 BOSWELL STATE	Well No. 1	Pool Name, including Formation WILDCAT ABO	Kind of Lease State, Federal or Fee LG	Lease No. 9571
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line of Section <u>30</u> Township <u>5 SOUTH</u> Range <u>21 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"/>	Address (Give address to which approved copy of this form is to be sent) <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>P.O. BOX 2018 ROSWELL NM 88201</u>					
TRANSWESTERN PIPELINE CO.						
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>30</u>	Twp. <u>5</u>	Rge. <u>21</u>	Is gas actually connected? <u>NO</u>	When <u>-</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'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>6-5-81</u>	Date Compl. Ready to Prod. <u>7-31-81</u>		Total Depth <u>3125'</u>		P.B.T.D. <u>2870'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4258.3' GR</u>	Name of Producing Formation <u>WILDCAT ABO</u>		Top Oil/Gas Pay <u>2478'</u>		Tubing Depth <u>2381'</u>			
Perforations <u>2478'---2636'</u>					Depth Casing Shoe <u>3118'</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>357'</u>	<u>150/100/200</u>
<u>11"</u>	<u>8 5/8"</u>	<u>1006'</u>	<u>400/200/200</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3118'</u>	<u>400/550</u>
	<u>2 3/8"</u>	<u>2381'</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.)	
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 <u>443</u>	Length of Test <u>3 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>830</u>	Casing Pressure (Shut-in) <u>830</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, LAND, D&M, LMC, CTY,
EEB, K, TW, PARTNERS, MTS (3), ROSWELL, FILER. E. Martin

(Signature)

REGULATORY COORDINATOR

(Title)
AUGUST 12, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 filed for each pool in multiple