

OIL CONSERVATION DIVISION

RECEIVED Form C-104
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

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

JAN 20 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

Operator
Mesa Petroleum Co. ✓
Address
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input 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 checked="" type="checkbox"/>

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name BARN FEDERAL	Well No. 4	Pool Name, including Formation West Pecos Slope ABO	Kind of Lease Sixty Federal or <i>NM</i>	Lease No. 36652
Location Unit Letter <u>J</u> ; 1980 Feet From The <u>South</u> Line and <u>1650'</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>8S</u> Range <u>22E</u> , NMPM, <u>Chaves</u> County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. Attn: Aicklen	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521/Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 13	Twp. 8	Rge. 22
	Is gas actually connected?		When	
	yes		10-27-81	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

2. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

3. 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	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: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE)

R. E. Mack

(Signature)
REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION

JAN 21 1983

APPROVED _____, 19____

Original Signed By
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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.