

OIL CONSERVATION DIVISION

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

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JAN 19 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATION	1
PRODUCTION OFFICE	

Operator Mesa Petroleum Co.

Address 1000 Vaughn Bldg. / Midland, TX 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"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Alkali Federal Com</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Pecos Slope Undesignated Abo</u>	Kind of Lease <u>State (Federal or Fee)</u>	Lease <u>NM-400</u>
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>5 South</u> Range <u>25 East</u> , NMPM, <u>Chaves</u> Co.				

1. 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>Koch Oil Co.</u>	<u>P.O. Box 1558, Breckenridge, Texas 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>Transwestern Pipeline Co. (Attn: Aiklen)</u>	<u>P.O. Box 2521, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. <u>E 33 5S 25E</u>	<u>No</u> <u>yes</u> <u>2-19-82</u>

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	Same Res'v.	Diff.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>10/17/81</u>	Date Compl. Ready to Prod. <u>11/25/81</u>	Total Depth <u>4252'</u>	P.B.T.D. <u>4199'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3745.5' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3715'</u>	Tubing Depth <u>3616'</u>					
Perforations <u>3715' --- 3856'</u>			Depth Casing Shoe <u>4252'</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>802</u>	<u>600/200/200</u>
<u>11"</u>	<u>8-5/8"</u>	<u>1819'</u>	<u>800/300/300</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4252'</u>	<u>500/500</u>
	<u>2-3/8"</u>	<u>3616'</u>	<u>----</u>

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 able 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>1621</u>	Length of Test <u>4 hrs</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>975</u>	Casing Pressure (Shut-in) <u>920</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.

XC: NMOCD(6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, CTY, EEB, TW, K, REM, LMC, PARTNERS, D&M, FILE

Cathy Hickerson  
(Signature)

Production Records Analyst

1/15/82  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR - 1 1982  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT I

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well 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.

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NEW MEXICO OIL CONSERVATION DIVISION

FEB 26 1982

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE February 24, 1982

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

Alkali-Federal Com,  
Lease

33-5S-25E, Chaves County  
S.T.R.

Transwestern  
Name of purchaser

Well #2 - Unit Letter <sup>E</sup> ~~Unknown~~  
Well Unit

*Roces Flores*  
~~Wheat~~ (Abo)  
Pool

was made on February 19, 1982

Transwestern Pipeline Company  
Company

*H. N. Aicklen*

H. N. Aicklen  
Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe