STATE OF NEW MEXICO Form C-104 Revised 10-1-78 MERGY MID MINERALS DEPARTMENT RECEIVED OIL CONSERVATION DIVISION **. ** 1**1** ***1**1* P. O. DOX 2088 DILLAIRUTION SAMIA FE SANTA FE, NEW MEXICO 87501 JAN 25 '83 U. 1.0 .1. LAND OFFICE REQUEST FOR ALLOWABLE 0.00AND 10 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASTEDIA, CORICE OPERATION 11 Operator Mesa Petroleum Co. P.O. Box 2009 / Amarillo, Texas 79189 Keason(s) for liling (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gos Recompletion Cil Condensate X Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ 11. DESCRIPTION OF WELL AND LEASE ell No. | Pool Name, Including Formation Kind of Lease Legae No. NN Stark Federal ok Rie 20932 STEWART FEDERAL Pecos Slope ABO Location Feet From The North Line and 660 Feet From The East : 1980 H Unit Letter Line of Section 1 T. mahip 8S Range 24E NMPM, Chaves County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Cit | or Condensate | X | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001 Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Transwestern Pipeline Co. (Attn: P.O. Box 2521 / Houston, Aiklen) Texas Unit Is gas actually connected? When Sec. Twp. If well produces oil or liquids, give location of tanks. Н 8 1 If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA OII Well Same Resty, Dill. Res Gas Well Plug Beck Now Well Workover Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oll/Gas Pay Elevations (DF. RKB. RT. GR. etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) /. TEST DATA AND REQUEST FOR ALLOWABLE roducing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tonks Date of Test Casing Pressure Chose Size Tubing Pressure Length of Teet Actual Pred. During Test OII - Shis. Water - Bbis. GAS WELL Gravity of Condensate Actual Prod. Tool-MCF/D Length of Test Bbls. Condensate/MMCF Choke Size Casing Pressure (Shat-19) Testing Method (pitol, back pr.) Tubing Pressure (Ehnt-in) OIL CONSERVATION DIVISION I. CERTIFICATE OF COMPLIANCE JAN 2 6 1983

APPROVED

TITLE.

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) Mat

(Title) 1-11-83 (Date)

REGULATORY COORDINATOR

If this is a request for silowable for a newly drilled or despensivell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allo-able on new and recompleted wells.

This form is to be filed in compliance with RULE 1104.

Supervisor District !!

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Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multipennioleted wells.