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JAN 20 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

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OPERATOR	
REGISTRATION OFFICE	

Mesa Petroleum Co. ✓

Address
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)	Change in Transporter of:
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name CAMACK FED COM	Well No. 8	Pool Name, including Formation Undesignated Pecos Slope ABO	Kind of Lease State Federal XXXX NM	Lease No. 22615
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>5S</u> Range <u>24E</u> , NMPM, Chaves 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)
Permian Corporation	P.O. Box 1183 / Houston, Texas 77001
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)
Transwestern Pipeline Co. Attn: Aicklen	P.O. Box 2521/Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>10</u> Twp. <u>5</u> Rge. <u>24</u>	yes 9-15-82

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. R
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

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 to:
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirat, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

I. 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-D (O+5) CEN RCDS, ACCTG, ENG,
REM (FILE)

R. F. Mathis

(Signature)
REGULATORY COORDINATOR(Title)
1-11-83

(Date)

OIL CONSERVATION DIVISION
JAN 21 1983

APPROVED _____, 19__

BY _____
Original Typed By
Leslie A. Clements
Supervisor, District II

TITLE _____

This form is to be filed in compliance with RULE 1104
If this is a request for allowable for a newly drilled or c
well, this form must be accompanied by a tabulation of the c
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely f
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes c
well name or number, or transporter, or other such change of cSeparate Forms C-104 must be filed for each pool in
completed wells.