11 ¹	*		~			
GTATE OF NEW MEXICO NESIGY AND MINERALS DEPART OUTTINGUTION IANTA FE FILE U.S.U.S. LAND DFFICE TAANSPONTER OFERATION I. PRONATION OFFICE Operation	IMENT OIL CON SANTA REC	ISERVATION D P. O. BOX 2000 FE, NEW MEXICO QUEST FOR ALLOWABI AND IO TRANSPORT OIL AI	LE	JUL 1 8 19 O. C. D. ARTESIA, OFFIC	83	
MESA PETROLEUM Address P O BOX 2009 / Resson(s) for filing (Check p New Well Recompletion Change in Ownership If change of ownership give and address of previous ownership give	AMARILLO, TEXAS 79189 Vaper dat/ Change in Transporter Oil Casinghead Gas	01	her (Please caplain) Change in Opera Stevens Oil Co			
I. DESCRIPTION OF WEL	Including Formation	Kind of Lea	350	Lease No		
Diamond A	1 Pecos S	Slope Abo	SUNDEX ROOM	KXX F.	_]	
Unit LetterG	: Feet From The No	orth_Line and1980) Feet From	n The East	•	
Line of Section 29	T. manip 7 South	Range 26 East	, ММРМ,	Chaves	County	
	NSPORTES OF OIL AND NAT	URAL GAS				
Name of Authorized Transpor The Permian Co			ox 1183 / Houst	roved copy of this form is t on, TX 77001	io be senij	
Name of Authorized Transpor Transwestern P	rier of Casinghead Gas of Dry C Pipeline Co. (Attn: Andy		e address to which appr ox 2521 / Houst	on, TX 77001	io be sent)	
If well produces oil or liquid give location of tanks.	a, Uxir, Sec. Twp. G 29 7S.		ly connected?	^{vhen} 7–15–83	,	
If this production is commin V. COMPLETION DATA	ngled with that from any other leas	e or pool, give comming	ling order number:			
Designate Type of C		Gas Well New Well	Workover Deepen	Plug Back Same Res	v. Diff. Res	
Date Spudded	Date Compl. Ready to Prod	. Total Dopth	i	P.B.T.D.		
Elevations (DF, RKB, RT, C.	R, etc.j Name of Producing Formati	ion Top Oll/Gas	Ραγ	Tubing Depth	· · · · · · · · · · · · · · · · · · ·	
Perforations				Depth Casing Shoe		
	71101110-04					
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SET	SACKS CEN	AENT	
. TEST DATA AND REQU	EST FOR ALLOWABLE (Ter	t must be after recovery of	total volume of load oi	il and must be equal to or e	exceed top all.	
OIL WELL Date First New OII Run To T	able	e for this depth or be for fu Producing Me	ill 24 hours) ithod (Flow, pump, gas :	lift, etc.)	5,75	
		Casing Press		Choke Size	PA/	
Length of Test	Tubing Pressure			Kin		
Actual Prod. During Test	Cil-Bble.	Water-Bbls.		Cas-MCF	2	
L				Nort.	\	
GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Conden		Gravity of Condensate		
Teeling Method (puol, back p	or./ Tubing Pressure (Shut-in) Casing Press	w. (Sbut-in)	Choke Size	· .	
CERTIFICATE OF COM	PLIANCE			TION DIVISION	•	
			1111 1 8 199		r 10	
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		given	Original Signed By			
above is true and complete to the best of my knowledge and belief. XC: NMOCD(0+6), CEN RCDS, ACTG, GAS CONT, ENG,		ENG,	-BYSupervisor District It			
MAT CONT, OPS(FILE) PARTNERS	, MIDLAND, ROSWELL, TW,			compliance with RULI	. 1104.	
<u> </u>	Mathie	71 +bla	is a request for allo	wable for a newly drill	ed or despen	
(Signature) REGULATORY COORDINATOR		tests takes	well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of own.			
(Tiule) 7-15-83		able on ne				
	-05 (l/u1e)	well name	or number, or trainepo	uter, or other such chang	e ef conditi-	
		Separa		ist he filed for each p	on in multi	