

## OIL CONSERVATION DIVISION

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

RECEIVED

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

DEC 1 1982

O. C. D.

ARTESIA, OFFICE

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. Operator  
Mesa Petroleum Co. ✓

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

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Crowley Federal <i>Comm</i>	Well No. 1	Pool Name, Including Formation Pecos Slope ABO	Kind of Lease State <u>Federal</u> or Fee NM	Lease No. 15289
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>8</u> T. <u>5</u> South Range <u>25</u> East , NMPM, Chaves County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <del>Koch Oil Company</del> <i>Permian Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box <del>1550</del> / <del>Breckenridge</del> , Texas <del>76024</del> <i>77001</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	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 <u>E</u>	Sec. <u>8</u>
	Twp. <u>5</u>	Rge. <u>25</u>
	Is gas actually connected? <u>No</u> <i>Yes</i> When <u>- 5-3-83</u>	

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-24-82	Date Compl. Ready to Prod. 11-20-82	Total Depth 4000'	P.B.T.D. 3927'					
Elevations (DF, RKB, RT, CR, etc.) 3882' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3645'	Tubing Depth 3520'					
Perforations 3645' - - - 3839'			Depth Casing Shoe 4000'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4"	10 3/4"	951'	700/200					
7 7/8"	4 1/2"	4000'	1100/400					
	2 3/8"	3520'	-					

## VI. 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 2208	Length of Test 4 hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 950	Casing Pressure (Shut-in) 950	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: NMOCD-A (O+5), CEN RCDS, ACCTG, RES ENG, GAS CONT, TW, K, D&M, MIDLAND, ROSWELL, PARTNERS, OPS (FILE)

*R.E. Mathis*  
(Signature)

Regulatory Coordinator

(Title)

11-29-82

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 09 1983, 19

BY

TITLE

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multiple well.