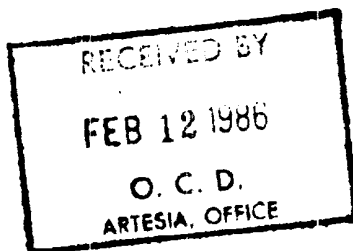


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mesa Operating Limited Partnership	
Address P.O. Box 2009, Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name BEAN	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>west</u> Line of Section <u>20</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> 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"/>	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>M</u> Sec. <u>20</u> Twp. <u>7</u> Rge. <u>26</u>	Yes 9/19/83

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Carolyn L. Cummings
(Signature)
Carolyn L. Cummings, Regulatory Clerk
(Title)
February 14, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 28 1986, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District II
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 multiply completed wells.

MAR 04 1983

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator

MESA PETROLEUM CO.

Address

P.O. BOX 2009 / AMARILLO, TX 79189-2009

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	BEAN	Well No.	1	Pool Name, Including Formation	PECOS SLOPE ABO	Kind of Lease	SEVERAL YEARS OF Fee	Lease
Location	Unit Letter M : 660 Feet From The South Line and 660 Feet From The West							
Line of Section	20	Township	7S	Range	26E	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"/>	The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)		P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)		P.O. Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20	Twp. 7S	Rge. 26E
Is gas actually connected?	UNCONNECTED			
When	2-12-83			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
		X	X					
Date Spudded	11-20-82	Date Compl. Ready to Prod.	2-24-83	Total Depth	4200'	P.B.T.D.	4116'	
Elevations (DF, RKB, RT, GR, etc.)	3571' GR 3583' RKB	Name of Producing Formation	ABO	Top Oil/Gas Pay	3968'	Tubing Depth	3990'	
Perforations	3968' --- 4004'					Depth Casing Shoe	4200'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4"	10 3/4"	949'	700/200					
7 7/8"	4 1/2"	4200'	1000/375					
	2 3/8"	3990'						

V. 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 10% of total volume of load oil 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/MCMCF	Gravity of Condensate
1440	4 hours	---	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
BACK PRESSURE	945	945	---

VI. 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+6), CEN RCDS, ACCTG, GAS CONT, RES ENG, MAT CONT, OPS(FILE), MIDLAND, ROSWELL, PARTNERS, D&M

R. E. Mathis

(Signature) R. E. MATHIS

REGULATORY COORDINATOR

(Title)

MARCH 2, 1983

(Date)

OIL CONSERVATION DIVISION

SEP 26 1983

APPROVED _____, 19

BY _____

Original Signed By

Leslie A. Clements

TITLE _____

Supervisor District II

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If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils 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.

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Separate Forms G-104 must be filed for each pool in multi-completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED BY

SEP 26 1983

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE September 20, 1983

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

Bean ~~Co.~~
Lease

#1 - Unit letter ~~unknown~~ M
Well Unit

20-7S-26E, Chaves Co.
S.T.R.

Pecan Lake
Undesignated (Abo)
Pool

Transwestern
Name of Purchaser

was made on September 19, 1983

Transwestern Pipeline Company
Company

Rodney C. Burke Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501