

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

RECEIVED

NOV 20 1978

I. Operator Mesa Petroleum Co. ☒ **O. C. C.**  
Address 1000 Vaughn Building Midland, Texas 79701 **ARTESIA, OFFICE**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

C-5911

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Diamond Mound Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Diamond mound</u> <u>Undesignated - Atoka</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>T</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>1</u> , Township <u>16S</u> Range <u>27E</u> , NMPM, <u>Eddy</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northern Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>400 Commercial Bank Building Midland, Tex 79701</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>T</u>	Sec. <u>1</u>	Twp. <u>16S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>yes</u>	When <u>1-11-79</u> <del>Est 11-22-78</del>

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. Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>2-11-78</u>	Date Compl. Ready to Prod. <u>3-23-78</u>	Total Depth <u>8985'</u>		P.B.T.D. <u>8922'</u>				
Pool <u>Undesignated</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>8753'</u>		Tubing Depth <u>8697'</u>				
Perforations <u>8753'-8769', 8784'-8788'</u>				Depth Casing Shoe <u>8985'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>17 1/2</u>	<u>13 3/8</u>	<u>360</u>		<u>425 sx Class C</u>				
<u>11</u>	<u>8 5/8</u>	<u>1600</u>		<u>500+200+50+75+50+50</u>				
<u>7 7/8</u>	<u>4 1/2</u>	<u>8985</u>		<u>650 sx Class H</u>				
	<u>2 3/8</u>	<u>8697</u>						

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 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 <u>1358</u>	Length of Test <u>1 hour</u>	Bbls. Condensate/MMCF <u>TSTM</u>	Gravity of Condensate <u>----</u>
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure <u>2020</u>	Casing Pressure <u>PKR</u>	Choke Size <u>9.5/64</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Michael P. Houston  
(Signature)

Division Engineer  
(Title)

11-17-78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1979, 19

BY W. A. Gussert

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 deepen 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 all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multi-

OIL CONSERVATION COMMISSION

BOX 2045 --

*Artesia*  
HOBBS, NEW MEXICO

RECEIVED

JAN 12 1979

O.C.C.  
ARTESIA OFFICE

NOTICE OF GAS CONNECTION

Date November 15, 1978

This is to notify the Oil Conservation Commission that connection for the purchase of  
gas from the Mesa Petroleum Co., Diamond Mound Fed. No. 1  
Operator Lease

*und. atoka*  
# 1-L, 1-16-27, Morrow, Northern Natural Gas  
Well Unit S.T.R. Pool Name of Purchaser

was made on 1-11-79  
Date

Northern Natural Gas Co.  
Purchaser

*Lowell P. Lund*  
Representative

Gas Contract Specialist  
Title

cc: To Operator  
Oil Conservation Commission - Santa Fe  
File