

|                  |     |   |
|------------------|-----|---|
| SANTA FE         |     |   |
| FILE             |     | ✓ |
| U.S.G.S.         |     |   |
| LAND OFFICE      |     |   |
| TRANSPORTER      | OIL |   |
|                  | GAS |   |
| OPERATOR         |     |   |
| PRORATION OFFICE |     |   |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and  
ETC RECEIVED

AUG 6 1980

O. C. D.  
ARTESIA, OFFICE

Operator  
**Mesa Petroleum Co.**

Address  
**1000 Vaughn Building / Midland, Texas 79701**

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 checked="" 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: **Maralo Federal Com** Well No.: **1** Pool Name, Including Formation: **Logan Draw Atoka** Kind of Lease: **State, Federal or Fee**

Location: Unit Letter **L**; **1980** Feet From The **SOUTH** Line and **660** Feet From The **WEST**

Line of Section **22**, Township **17S** Range **27E**, NMPM, **EDDY** County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
**Navajo Crude Oil Purchasing Co** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Drawer 159, Artesia, NM 88210**

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
**Llano, Inc.** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1320, Hobbs, New Mexico 88240**

If well produces oil or liquids, give location of tanks. Unit **L** Sec. **22** Twp. **17** Rge. **27** Is gas actually connected? **YES** When **7-29-80**

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. |
|                                      |  | X                                     | X                            |          |        |           |             |          |
| Date Spudded<br><b>7-18-79</b>       | Date Compl. Ready to Prod.<br><b>10-9-79</b> | Total Depth<br><b>9554'</b>           | P.B.T.D.<br><b>9472'</b>     |          |        |           |             |          |
| Pool<br><b>Logan Draw</b>            | Name of Producing Formation<br><b>Atoka</b>  | Top Oil/Gas Pay<br><b>9075' 9051'</b> | Tubing Depth<br><b>8991'</b> |          |        |           |             |          |
| Perforations<br><b>9075' - 9157'</b> |  | Depth Casing Shoe<br><b>9584'</b>     |                              |          |        |           |             |          |

**TUBING, CASING, AND CEMENTING RECORD**

|                            |                      |              |                  |
|----------------------------|----------------------|--------------|------------------|
| HOLE SIZE                  | CASING & TUBING SIZE | DEPTH SET    | SACKS CEMENT     |
| <b>17-1/2"</b>             | <b>13-3/8"</b>       | <b>355'</b>  | <b>75/375</b>    |
| <b>12-1/4"</b>             | <b>8-3/8"</b>        | <b>1700'</b> | <b>600/300</b>   |
| <b>7-7/8"</b>              | <b>5-1/2"</b>        | <b>9584'</b> | <b>1650/1350</b> |
| <b>(Inside 5-1/2" csg)</b> | <b>2-3/8"</b>        | <b>8991'</b> |                  |

**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 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 - Ebls.     | Water - Ebls.                                 | Gas - MCF  |

**GAS WELL**

|   |                                |                                    |                                     |
|---|--------------------------------|------------------------------------|-------------------------------------|
| Actual Prod. Test - MCF/D<br><b>247</b>                 | Length of Test<br><b>4</b>     | Ebls. Condensate/M/MCF<br><b>0</b> | Gravity of Condensate<br><b>Dry</b> |
| Testing Method (Flow, back pr.)<br><b>Back pressure</b> | Tubing Pressure<br><b>2040</b> | Casing Pressure<br><b>Pkr</b>      | Choke Size<br><b>2/64</b>           |

**CERTIFICATE OF COMPLIANCE**

XC: NMOCD (6), TLS, MEC, PARTNERS, JBH, JWH, FILE

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.

**R. E. Mathis** (Signature)  
**REGULATORY COORDINATOR** (Title)  
**AUGUST 5, 1980** (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **AUG 7 1980**

BY **W. A. Gressett**

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter, or other such change of con