

DISTRIBUTION		0
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1/1
	GAS	
OPERATOR		1
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-105
Effective 1-1-85

RECEIVED

AUG 21 1980

Operator Mesa Petroleum Co. O. C. D.
Address ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Additional		Other (Please explain)	
New Well	<input type="checkbox"/>	<input checked="" type="checkbox"/> Change in Transporter of:		NOTE: Llano & Northern Natural split production from this well.	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
MARALO FEDERAL COM	1	LOGAN DRAW ATOKA	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	<input type="checkbox"/> or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
NAVAJO CRUDE OIL PURCHASING CO			P O DRAWER 159, ARTESIA, NM 88210			
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)			
LLANO, INC./NORTHERN NATURAL GAS CO			(Llano) P O BOX 1320 HOBBS, NM 88240 (Northern) P O BOX 2300 MIDLAND, TX 79702			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	22	17	27	YES	7-29-80 8-18-80

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. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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-Ebbls.	Water-Ebbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

XC: NMOCD (5), TLS, JWH, MEC, JBH, D&M + FILE

R. E. Mathis
R. E. MATHIS (Signature)
REGULATORY COORDINATOR (Title)

AUGUST 20, 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1980, 19
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 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 all wells on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of ownership, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-