

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED

AUG 24 '88

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

O. C. D.  
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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 checked="" type="checkbox"/> Recompletion <input 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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name SINK FEDERAL	Well No. 2	Pool Name, including Formation Wildcat Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 4028
Location Unit Letter <u>N</u> : <u>660'</u> Feet From The <u>south</u> Line and <u>2302'</u> Feet From The <u>west</u> Line of Section <u>9</u> Township <u>16S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

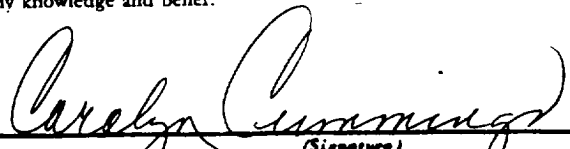
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183/Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2300/Midland, Texas 79702	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 9
	Twp. 16	Rge. 27
	Is gas actually connected? Yes	When 7/20/82

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.

  
(Signature)  
Carolyn L. Cummings/Regulatory Analyst  
(Title)  
August 23, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 9 1988, 19  
BY \_\_\_\_\_ Original Signed By  
TITLE \_\_\_\_\_ Mike Williams

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded 7/28/88	Date Compl. Ready to Prod. 8/19/88		Total Depth 8620'			P.B.T.D. 8253'			
Elevations (DF, RKB, RT, CR, etc.), 3497.7' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 7933'			Tubing Depth 7854'			
Perforations 7933' --- 7940'						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		350'		400			
11"		8 5/8"		1651'		800			
7 7/8"		4 1/2"		8613'		2090			
		2 3/8"		7854'					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 25	Length of Test 2 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-In) --	Casing Pressure (Shut-In) 78	Choke Size