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| TRANSPORTER           | <input checked="" type="checkbox"/> |
| OIL                   | <input checked="" type="checkbox"/> |
| GAS                   | <input type="checkbox"/>            |
| OPERATOR              | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE     | <input type="checkbox"/>            |

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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Mesa Petroleum Co. ✓

Address  
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

Ex # 2-658 until 7/1/83  
Ex # 2-661 1' 9/23/83

DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                    |
|---|---------------|--|--|--------------------|
| Lease Name<br>Hondo "A" State   | Well No.<br>1 | Pool Name, including Formation<br><del>Under</del> Burton Flats Delaware | Kind of Lease<br><u>State</u> Federal or Fee | Lease No.<br>L-324 |
| Location<br>Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u><br>Line of Section <u>32</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County |               |  |  |                    |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |
|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>The Permian Corporation | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183, Houston, Texas 77001 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Undetermined    | Address (Give address to which approved copy of this form is to be sent)  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit <u>D</u> Sec. <u>32</u> Twp. <u>20</u> Rge. <u>28</u><br>Is gas actually connected? <u>No</u> When         |

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

COMPLETION DATA

|  |  |                          |  |          |        |           |             |              |
|--|--|--------------------------|--|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X)             | Oil Well <input checked="" type="checkbox"/> | Gas Well                 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded<br>1-18-82                        | Date Compl. Ready to Prod.<br>2-14-83        | Total Depth<br>4050'     | P.B.T.D.<br>3999'                            |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>3240' GR | Name of Producing Formation<br>Delaware      | Top Oil/Gas Pay<br>2654' | Tubing Depth<br>2731'                        |          |        |           |             |              |
| Perforations<br>2654' - - - 2709'              | Depth Casing Shoe<br>4042'                   |                          |  |          |        |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4"   | 8 5/8"               | 610'      | 400          |
| 7 7/8"    | 5 1/2"               | 4042'     | 250/530      |
| -         | 2 7/8"               | 2731'     | -            |

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<br>2-14-83 | Date of Test<br>2-14-83 | Producing Method (Flow, pump, gas lift, etc.)<br>Pump 2 1/4" plunger @ 10 SPM |                      |
| Length of Test<br>24 hours                 | Tubing Pressure<br>-    | Casing Pressure<br>-  | Choke Size<br>1 1/2" |
| Actual Prod. During Test                   | Oil-Bbls.<br>50         | Water-Bbls.<br>285  | Gas-MCF<br>TSTM      |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

CERTIFICATE OF COMPLIANCE

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.  
NMOCD-A (O+6), CEN RCDS, ACCTG, ENG, GAS CON (FILE), MIDLAND, ROSWELL, PARTNERS

R. E. Mathis  
(Signature)

REGULATORY COORDINATOR

(Title)

3-3-83

OIL CONSERVATION DIVISION

MAR 09 1983

APPROVED

BY

Oil and Gas Inspector

TITLE

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 allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner.