

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAY 25 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-O. C. D.  
ARTESIA, OFFICE

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. Operator  
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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

Ex # 2-661 until 4/23/83

## II. DESCRIPTION OF WELL AND LEASE # 7322 8/1/83

Lease Name Hondo "A" State	Well No. 3	Pool Name, Including Formation AVALON <del>Unders. Barton Flats, Delaware</del>	Kind of Lease State, Federal or Fee L	Lease No. 324
Location Unit Letter L ; 1980 Feet From The South Line and 610 Feet From The West Line of Section 32 Township 20 South Range 28 East , NMPM, Eddy County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9/1/87)	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 type="checkbox"/> Phillips Petroleum Company (Attn: K. C. Gibson)	Address (Give address to which approved copy of this form is to be sent) 410 Home Savings & Loan/Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32
	Twp. 20	Rge. 28
	Is gas actually connected? no	When 74004

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 4-19-83	Date Compl. Ready to Prod. 5-16-83	Total Depth 4050'	P.B.T.D. 2700'
Elevations (DF, RKB, RT, GR, etc.) 3213.7' GR 3226' RKB	Name of Producing Formation DELAWARE	Top Oil/Gas Pay 2506'	Tubing Depth 2370'
Perforations 2506'---2598'	Depth Casing Shoe 4050'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	590'	530/200/150
12	8 5/8	2410'	1300/150
7 7/8	5 1/2	4050'	550
	2 7/8	2370'	-

## 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 all  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-16-83	Date of Test 5-24-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 26.5 hours	Tubing Pressure 30	Casing Pressure -	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 206	Water-Bbls. 70	Gas-MCF 85

## GAS WELL

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

## I. 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  
above is true and complete to the best of my knowledge and belief.XC: NMOCD-A (O+6), CEN RCDS, ACCTG, MAT CONT, ENG,  
GAS CONT, OPS(FILE), MIDLAND, HOBBS, PERMIAN, PHILLIPS,  
D&M, ARCO

R. E. Martin

(Signature)

REGULATORY COORDINATOR

(Title)

MAY 24, 1983

(Date)

## OIL CONSERVATION DIVISION

MAY 27 1983

APPROVED \_\_\_\_\_, 19

Original Signed by  
BY Leslie A. Clements  
Supervisor District II

TITLE \_\_\_\_\_

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 deviate  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multi  
completed wells.