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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

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MAR 14 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA OFFICE

Operator Mesa Petroleum Co. ✓	
Address P.O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input 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	
Ex # 2-658 Until 7/1/83 Ex # 2-661 9/23/83	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo "A" State	Well No. 2	Pool Name, including Formation Under Burton Flats Del	Kind of Lease <u>State</u> , Federal or Fee	Lease No. 324
Location Unit Letter <u>E</u> ; 1980 Feet From The <u>North</u> Line and 330 Feet From The <u>West</u> Line of Section 32 Township 20S Range 28E, NMPM, Eddy County				

II. 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	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Undetermined	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32
	Twp. 20	Rge. 28
	Is gas actually connected? No	
	When	

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

V. 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 2-1-83	Date Compl. Ready to Prod. 3-3-83		Total Depth 4047'		P.B.T.D. 3945'			
Elevations (DF, RKB, RT, GR, etc.) 3231.2' GR 3246' RKB	Name of Producing Formation Delaware SD		Top Oil/Gas Pay 3622'		Tubing Depth 3526'			
Perforations 3622' - - - 3636'					Depth Casing Shoe 4047'			
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"		4047'		500/220/50			
	2 3/8"		3526'					

VI. 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 3-3-83	Date of Test 3-5-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure Packer	Choke Size 1/2"
Actual Prod. During Test	Oil-Bbls. 177	Water-Bbls. 7	Gas-MCF 50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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, GAS CONT, ENG, MAT CONT, OPS(FILE), MIDLAND, ROSWELL, PERMIAN, PARTNERS, D&M

R. P. Mark

(Signature)

REGULATORY COORDINATOR

(Title)

MARCH 11, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 28 1983, 19
Original Signed By
BY Jessie 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 deeper 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 only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.