

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 28 1974

Operator Mesa Petroleum Co.		O. C. C.	
Address Box 2009 Amarillo, Texas 79105		ARTESIA, OFFICE	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reddy Com.	Well No. 1	Pool Name, Including Formation Carlsbad S. Atoka	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter J ; 1980 Feet From The S Line and 1980 Feet From The E			
Line of Section 8 , Township 23S Range 27E , NMPM, Eddy Co., NM 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"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation	P O Box 1183 Houston, Texas 77001		
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)		
El Paso Natural Gas	600 Bldg. of SW Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8	Twp. 23S
			Rge. 27E
	Is gas actually connected?		When 2-1-74 to be connected in immediate future

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
		X	X			X		
Date Spudded 6/27/73	Date Compl. Ready to Prod. 9/17/73		Total Depth 12130'		P.B.T.D. 11511'			
Pool Carlsbad S. Atoka	Name of Producing Formation Atoka		Top Oil/Gas Pay 10791		Tubing Depth 10721'			
Perforations 10791-94, 10839-844, 10,870-76,					Depth Casing Shoe 11994'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8"		350'		450			
11"	8 5/8"		5510'		2600			
7 7/8"	5 1/2"		11994'		600			
	2 7/8"		10721'					

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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
6,100	12 hrs.	1.3	50.2
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
back pr.	2753	-0-	32/64

VI. 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.

Michael P. Houston
Michael P. Houston
Production Engineer

January 25, 1974

(Date)

OIL CONSERVATION COMMISSION

FEB 5 1974

APPROVED _____, 19

BY **W. A. Gessett**

TITLE **OIL AND GAS INSPECTOR**

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 deviated 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 Sections I, II, III, and VI only for changes of owner well name or number, or transporter or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.