ł	NO. OF COPIES RECEIVED	·		
	DISTRIBUTION		ONSERVATION COMM. JON	Form C-104
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-111
	FILE I L	+	AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS
	LAND OFFICE			
	IRANSPORTER OIL 1	-	. /	RECEIVED
	GAS	-	V	REDEITE
	OPERATOR			
1.	PRORATION OFFICE			<u>MAY 1 9 1976</u>
	Cperator			
	Mesa Petroleum Co.			
	Address		·	ARTESIA, OFFICE
	904 Gihls Tower West, N	<u>/idland, TX 79701</u>	Other (Please explain)	
	Reason(s) for filing (Check proper box, New Well	/ Change in Transporter of:	Other (Flease explain)	
		Oil Dry Ga		
	Recompletion Change in Ownership	Casinghead Gas Conden		
	If change of ownership give name	$\rho \sim \tau$	E2- Q1126	
	and address of previous owner	<u>£_50</u>	50 9-1-18	
	DECODIDITION OF WELL AND		+ Quan ctopa Gas	-
п.	DESCRIPTION OF WELL AND	Well No. Pool Nar	me Including Formation	Kind of Lease
	Nach Init	2	anoted Atoks	State, Federal or Fee Fed
	Nash Unit			100
	- E 13	50Feet From The <u>North_</u> Lin	e and 1980 Feet From '	The West
	Unit Letter <u>F</u> ; <u>13</u>	<u>JO</u> Feet From The <u>NOT CII</u> Lin		
	Line of Section 18 , Tov	vnship 23S Range	30E , NMPM, Eddy	County
	<b>10</b> , 10			· · · · · · · · · · · · · · · · · · ·
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oil	or Condensate 🗶	Address (Give address to which appro	ved copy of this form is to be sent)
	Miller Oil Purchasing (		P. O. Drawer 1639, Jack Address (Give address to which appro	son. Mississippi
	Miller Oil Purchasing ( Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	Transwestern Pipeline (	Co.	P. O. Box 2521. Houston	TX 77001
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	
	give location of tanks.	F 18 23S 30E	Yes	<u>May <del>16</del>, 1976</u>
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			
	Designate Type of Completic	O(1  Well  Gas  Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
		/	X	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	
	11-6-75	4-21-76 Name of Producing Formation	13,946' Top Oil/Gas Pay	13,895' Tubing Depth
	Pool builded at	-	· · ·	10,691'
	Undestignated	Atoka	12,334'	Depth Casing Shoe
	12,432'-12,441' 13,946'			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20	16	307	220 + 100 sx
	14-3/4	10-3/4	3,320	350 + 1600 + 300  sx
	9-1/2	7-5/8	10.982	700+200+1600+150+200 sx
	6-1/2	5	13,946	550 + 300 sx
<b>N</b> 7	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-
Ψ.	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF
				1
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	BDIS. Condensate/MMCr	Gravity of Condenadie
	2880*	1/2 hr *		Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	
	Back pressure	3900	Pkr	12/64
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	* Abbreviated testing was fourth rate in multi-		APPROVED MAY 2 4 1976	
	I PRIDt chestinat No raddini organitinestica Wone Chine wation		AFFROVED	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY_ N. U. Enessit	
				ירידיסורייד ד
			TITLE	
			This form is to be filed in compliance with RULE 1104.	
	michael P. Houston		If this is a request for allowable for a newly drilled or deepened	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Division Engineer		All sections of this form must be filled out completely for allow-	
	(Title)		able on new and recompleted wells.	
	May 18, 1976		Fill out Sections I II. III. and VI only for changes of owner,	
	May 18, 19/6 (Date)		well name or number, or transporter, or other such change of condition.	
2:	1-JLF, 1-MEC, 1-LMC, 1-	RHN, 1-JWH, 10-Partners	Separate Forms C-104 mus completed wells.	at be filed for each pool in multiply
	•	4 NR 4000	compresses meaning	