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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

JUN 14 1976

O. C. C.

ARTESIA, OFFICE

I. Operator Mesa Petroleum Co.  
Address 1000 Vaughn Bldg., Midland, TX 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Request testing allowable of 500 BO to evaluate formation with pumping unit and temporary tankage.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Nash Unit</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Wildcat (Cherry Canyon)</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>13</u> , Township <u>23S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> <u>Miller Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 1639, Jackson, Mississippi</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>Texas Western Pipeline Company</del>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2521, Houston, TX 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>13</u>
	Twp. <u>23</u>	Rge. <u>29</u>
	Is gas actually connected? <u>No</u> When _____	

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 <u>5-9-76</u>	Date Compl. Ready to Prod. <u>6-2-76</u>		Total Depth <u>5100'</u>		P.B.T.D. <u>4855'</u>			
Pool <u>Wildcat</u>	Name of Producing Formation <u>Cherry Canyon</u>		Top Oil/Gas Pay <u>4784'</u>		Tubing Depth <u>4847'</u>			
Perforations <u>4785'-4788'</u>					Depth Casing Shoe <u>5100'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17½</u>	<u>13-3/8"</u>	<u>300'</u>	<u>400 SX + 200 SX</u>
<u>11</u>	<u>8-5/8"</u>	<u>3,200'</u>	<u>800 SX + 200 SX</u>
<u>7-7/8</u>	<u>5-1/2"</u>	<u>5,100'</u>	<u>560 SX</u>
	<u>2-7/8"</u>	<u>4,847'</u>	

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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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  
(Signature)

Division Engineer  
(Title)

June 11, 1976  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 14 1976, 19\_\_\_\_  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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