			_	·			
_		-					
	NO. OF COPIES RECEIVED		SERVATION COMMISSION	Form C -104			
	DISTRIBUTION	NEW MEXICO OIL CO	Supersedes Old C-104 and C-110				
L	SANTA FE		AND	Effective 1-1-65			
	FILE	ALITHODIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	5			
	U.S.G.S.	AUTHORIZATION TO TRAIN	SPORT OIL AND NATONAL OF				
	LAND OFFICE		- •	- 5.			
	TRANSPORTER OIL		4 a SELV	E. D			
	GAS /						
	OPERATOR /		400 1 4 10	78			
1.	PRORATION OFFICE	APK 1 x 1010					
	Operator De true Journ CO						
1	Mesa Petroleum Co.	V	a. c. c				
Ī	1000 Vaughn Buildin	a Midland, Texas 79701	ARTESIA, DE	- ICE			
		9,	Other (Please explain)				
	Reason(s) for filing (Check proper box)	Change in Transporter of:					
1	New Well	[V] D C	Change in oil tran	sporter effective .			
ı	Recompletion	·	□ 1 1-78				
	Change in Ownership	Casinghead Gas Condens					
,	e santia siya name						
	If change of ownership give name and address of previous owner						
	and address of Pro						
Ħ.	DESCRIPTION OF WELL AND L	EASE Well No LPool Nam	Re. Including Pointation	Kind of Lease			
	Lease Name	7427	t (Cherry Canyon)	State, Federal or Fee State			
	Nash Unit	4 W ildea	re (onerry carry				
	Location		220	_ East			
	Unit Letter A ; 990 Feet From The North Line and 330 Feet From The Last						
	County 76						
	Line of Section 13 , Tow	nship 23S Range 29	C , NMFM, 244				
			a				
ш.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)			
	Name of Authorized Transporter of Uli	(A) 0. 00. 00. 00. 00. 00. 00. 00. 00. 00.	P O Box 1183, Houston	, lexas //UUI			
	The Permian Corporation	n	Address (Give address to which approve	d copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas					
		Unit Sec. Twp. Rge.	Is gas actually connected? When				
	If well produces oil or liquids,		No !				
	least location of tanks.	A , 10 1 = 0 1 =					
	If this production is commingled wit	h that from any other lease or pool, (give comminging order number.				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on - (X)		1			
	Designate Type of Completes	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	Date Compt. Ready to 1.55					
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Pool	Name of Producing Pointailon					
		<u></u>		Depth Casing Shoe			
	Perforations						
	TUBING, CASING, AND CEMENTING RECORD						
	·	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE					
		 					
	·		for second of soral values of load oil a	and must be equal to or exceed top allow			
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable able for this depth or be for full 24 hours)						
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas life	, etc.)			
	Date First New Oil Run To Tanks	Date of 1421		Λ			
		To blood December	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure					
			Water-Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.		if hat in the			
				CF. P			
		<u> </u>					
	GAS WELL	The state of Trees	Bbis. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test					
		Tuhing Pressure	Casing Pressure	Choke Size			
	- to the decision back no.	I TODING PIVESWY	•	•			

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.	4/	nston	
	. (Signat	we)	
ision Fnaine	er			

(Title)

April 13, 1978

(Date) **NIMOCC** 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.

OIL CONSERVATION COMMISSION

All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporten or other such change of condition

Well File Separate Forms C-104 must be filed for each pool in multiple