NO. OF COPIES RECEIVED			5 6 104		
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION  Form C-104  Supersedes Old C-104 and C-104				
SANTA FE	REQUEST FUR ALLOWABLE Effective 1-1-65				
FILE / C	AUTHORIZATION TO TRANSPORT OILVAND BATURAL GAS				
U.S.G.S.	AUTHORIZATION TO TRAI	MSPORT OIL AND DATONAL OF			
LAND OFFICE	•	DEG 1A			
TRANSPORTER GAS /	DEC 19 1977				
OPERATOR /		C. C. C.			
PRORATION OFFICE		TESIA, OFFICE			
Mesa Petroleum (	co e				
Address	ding, Midland, Texas 79	701			
Reason(s) for filing (Check proper box)	uring, marana, rendo 12	1011161 12	will eventually be sold		
New Well	Change in Transporter of:	to 2 purchasers(El	Paso Natural & Natural Ga		
Recompletion	Oil Dry Ga	🔹 🏂 Pipeline). Presen	tly, EPNG is the only pur		
Change in Ownership	Casinghead Gas Conden	sate chaser that is con	nected.		
If change of ownership give name					
and address of previous owner					
I. DESCRIPTION OF WELL AND L		me, Including Formation	Kind of Lease		
Lease Name Strong Fed Com		te City Penn (Morrow)	State, Federal or Fee Fee		
<u> </u>					
Location Unit Letter J ; 1650	OFeet From The South Lin	ne and 1650 Feet From 7	The East		
34 Town	sehin 24S Range	26E , NMPM, Eddy	County		
Line of Section 34 , Town	iship 210 italiya				
ANCHORT	ED OF OIL AND NATURAL GA	AS			
I. DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	or Condensate X				
<b>i</b>		P. O. Box 1183, Houston	n, Texas 77001		
The Permian Corporati	inghead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent,		
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]  El Paso Natural Gas Co.		Box 1492, El Paso, Texas 79999			
	Unit Sec. Twp. Age.	Is gas actually connected? Wh			
If well produces oil or liquids, give location of tanks.	J 34 24 26	Yes	2-15-77		
If this production is commingled with	the feet say other lease or pool.	give commingling order number:			
If this production is commingled with			Plug Back   Same Resty. Diff. Resty.		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Buck Sums 1184		
Designate Type of Completio	$n = (X)$ $\chi$	, X	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
7-7-77	9-19-77	11,349	11,253 Tubing Depth		
Pool	Name of Producing Formation	Top Oil/Gas Pay	10,795		
White City Penn	Morrow	10,858	Depth Casing Shoe		
Perforations 10 8581-862	1, 10,924'-930', 11,084	'-088', 11,100'-106'	11,346'		
11,142'-146', 11,158'	16/1:		1 11,340		
113176 110 3 113132	TUBING, CASING, AN	ID CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	325		
20	16	237	1000 LW + 200		
14-3/4	10-3/4	1831	200		
9-1/2	7-5/8	8550	300 LW + 200 400		
6-1/2	5 liner	11346 - 8025			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load of	l and must be equal to or exceed top allow		
OIL WELL		depth or be for full 24 hours)  Producing Method (Flow, pump, gas i	ift, etc.)		
Date First New Oil Run To Tanks	Date of Test	broducing Morrison (1 1000) brush Bare	4		
		Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Cuamy 1	1 1900 11		
		Water - Bbis.	Gas-MCF		
Actual Prod. During Test	Oil-Bbis.	Addi - Doini	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			13		
			00 19		
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test				
4000	24	Casing Pressure	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure	pkr	1/2		
Rack Pressure	975	1 <u> </u>			

## VI. CERTIFICATE OF COMPLIANCE

Back Pressure

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	
7.000		(Signature)	
		·-	

<u>Division Engineer</u>

December 16, 1977 JLF, JWH, MEC, RHN, NMOCC, FILE XC:

SUPERVISOR, DISTRICT II TITLE .

DEB 2 0-1877

APPROVED

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

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 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 transporter or other such change of condition

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