<i>,</i>					
NO. OF COPIES RECEIVED			4		
DISTRIBUTION					
SANTA FE					
FILE			1		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator Mesa Petroleum Co					
Address 1000 Vau	ıghn	Buil	ding		

II.

Division Engineer

<u>June 8, 1978</u>

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-11

FILE	1/2	₫	AND	Effective I-1-65		
U.S.G.S.		AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL GAS		
LAND OFFICE						
TRANSPORTER OIL	,	_		RECEIVED		
GAS	/	_				
OPERATOR	/	_		IIIN 0 4070		
I. PRORATION OFFICE		1		JUN - 9 1978		
Operator Mesa Petroleu	m Co			•		
ł				O. C. C.		
^ddress1000 Vaughn B	uildi	ng/Midland, Texas 79701		ARTESIA, OFFICE		
Reason(s) for filing (Check p		<u> </u>	Other (Please explain	1		
New Well	oper oox	Change in Transporter of:	Omer (1 tease explain)	,		
Recompletion		Oil Dry G	as 🗍			
Change in Ownership	•		ensate			
				· .		
If change of ownership give						
and address of previous ow	ner					
II. DESCRIPTION OF WELI	L AND	LEASE		•		
Lease Name		I I	ame, Including Formation	Kind of Lease		
Bindel Federa	al Con	n 1 1 1.	So Carlsbad, Morrow	State, Federal or Fee Federa		
Location						
Unit Letter C	<u>. 6</u>	60 Feet From The North Li	ne and 1980 Feet F	From The West		
			F			
Line of Section 9	, To	wnship 23S Range	27Е , ммрм, Ес	ddy County		
_						
II. DESIGNATION OF TRAM Name of Authorized Transport		TER OF OIL AND NATURAL GA		approved copy of this form is to be sent)		
Name of Authorized Transport	er or on	or condensate		ipproved copy of this form is to be sent)		
Name of Authorized Transport	er of Cas	singhead Gas or Dry Gas 🕅	Address (Give address to which	approved copy of this form is to be sent)		
		P.O. Box 1492, E1	•			
		Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids give location of tanks.	as,		6-9-78			
If this production is commin V. COMPLETION DATA	gled wit	th that from any other lease or pool,	give commingling order number:			
		Oll Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v		
Designate Type of Co	mpletic	on - (X)	X			
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
9-7-77		4-1-78	12,205	12,115		
Pool So Canlet			Tubing Depth			
		11,716	11,656			
Perforations 11716' - 720' 11778'	_798'	,11801'-805',11876'-880'	110041 0001	Depth Casing Shoe		
71710 720 311770	7.50			12,205'		
			CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
17-1/2	<u> </u>	13-3/8 8-5/8	364	100+225+150+3 yds		
7-7/8		4-1/2	5566 12205	1950+200+725 700+650		
1-1/0		2-3/8	11655	700+050		
L	econ tec					
7. TEST DATA AND REQUIRED OIL WELL	ESIFU		fter recovery of total volume of load pth or be for full 24 hours)	l oil and must be equal to or exceed top allow		
Date First New Oil Run To Ta	nks	Date of Test	Producing Method (Flow, pump, go	as 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	154-6			
370	ŀ	24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pro			Chaha Gia			
Back pressure	"	375	Casing Pressure Choke Size Pkr 5/64			
CERTIFICATE OF COUR			01.001.00			
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. APPROVED BY CVERTICAL SOLUTION OF THE PROPERTY SOLUTION OF THE		OIL CONSERVATION COMMISSION				
		APPROVED JUN	APPROVED JUN 1 6 1978 , 19			
		1 7/0 4				
		BY WU ST	ressett			
		TITLE SUPERVISOR, DISTRICT II				
Mila P	' 2/	1	1	in compliance with RULE 1104,		
Michael P. Houston		If this is a request for allowable for a newly drilled or deepened				

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, 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 multiply placed walls