

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

MAR 07 1983

O. C. D.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
MESA PETROLEUM CO. ✓

Address
P O BOX 2009 / AMARILLO, TX 79189

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 5/17/83
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO, Rule 306
	IS OBTAINED

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		2-7301	6/14/83
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Moore	2	Under Delaware	State, Federal or Fee
Location			
Unit Letter	E	1650 Feet From The North Line and 660 Feet From The West	
Line of Section	35	Township 24S	Range 26E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Undetermined						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	35	24S	26E	NO	

If this production is commingled with that from any other lease or pool, give commingling order numbers

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-28-82	2-19-83	8585'	4928'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3252.3' GR	Delaware	4823'	4728'
Perforations			Depth Casing Shoe
4823' - - - 4827'			7835'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	250'	400
14 3/4"	10 3/4"	1879'	1100/300
9 1/2"	7 5/8"	7835'	1200/300/100/500/100
-	2 3/8"	4728'	-

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.)	
2-18-83	2-26-83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	125	Packer	24/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	38	143	100

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED MAR 1 8 1983
XC: NMOC-D-A (O+6), CEN RCDS, ACCTG, ENG, GAS CONT, MAT-CONT, OPS (FILE), MIDLAND, HOBBS, PARTNERS, I	BY Original Signed By Leslie A. Clements Supervisor District II
R. E. Mathis (Signature) REGULATORY COORDINATOR	This form is to be filed in compliance with RULE 1104.
(Title) MARCH 4, 1983	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 only Sections I, II, III, and VI for changes of owner,