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TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-105
Effective 1-1-85REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

AUG 26 1983

O. C. D.

ARTESIA, OFFICE

Operator
Mesa Petroleum Co. ✓

Address
P. O. Box 2009 / Amarillo, Texas 79189

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore Fed Com	Well No. 1E	Pool Name, including Formation White City Penn	Kind of Lease SIX MONTH or Fee	Lease No.
Location Unit Letter <u>E</u> <u>1650</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>24 South</u> Range <u>26 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 / Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Natural Gas Pipeline Co of America	Address (Give address to which approved copy of this form is to be sent) P. O. Box 283 / Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35	Twp. 24	Rge. 26
Is gas actually connected?		When		
No		10-3-83		

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 11-18-82	Date Compl. Ready to Prod. 5-27-83		Total Depth 11,520'		P.B.T.D. 11,440'			
Elevations (DF, RKB, RT, GR, etc.) 3252' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,961'		Tubing Depth 10,630'			
Perforations 10,961' - 11,243'		10,766 - 10,778		Depth Casing Shoe 11,518 (Liner)				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		244		500			
14 3/4"	10 3/4"		1902		1423			
9 1/2"	7 5/8"		8602		2005			
	2 3/8"		10,630		-			

VI. 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 2784	Length of Test 4 hours	Bbls. Condensate/MMCF Trace	Gravity of Condensate --
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2338	Casing Pressure (Shut-in) Packer	Choke Size 16/64

VII. 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.

XC: NMOCD-H (0+5), CEN RCDS, ACCTG, GAS CONT, ENG,
PROD RCDS(FILE), MIDLAND, ROSWELL, D&M, PERMIAN,
NGPL, PARTNERS

REGULATORY COORDINATOR

8-24-83

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 12 1983, 19

BY Original Signed By
Leslie A. Clements
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 flow tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.