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O. C. D.
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
MESA PETROLEUM CO.

Address
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name RIVER STATE COM	Well No. 2	Pool Name, Including Formation WHITE CITY PENN	Kind of Lease State, Federal or Fee	Lease L-896
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line of Section <u>2</u> Township <u>25S</u> Range <u>26E</u> , NMPM, <u>EDDY</u> Co.				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PERMIAN CORP	P.O. BOX 1183, HOUSTON, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NGPL	P.O. BOX 283, HOUSTON, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>2</u> Twp. <u>25S</u> Rge. <u>26E</u>	<u>NO</u> <u>11/15/82</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-29-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 11,574'	P.B.T.D. 11,519'					
Elevations (DF, RKB, RT, CR, etc.) 3374' GR	Name of Producing Formation MORROW	Top Oil/Gas Pay 11,049' 11,046'	Tybing Depth 278' 10,954'					
Perforations 11,049' --- 11,453', MORROW			Depth Casing Shoe 8641' 11523					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	253'	200/200
14 3/4"	10 3/4"	2025'	1450/300
9 1/2"	7 5/8"	8641'	850/650
4 1/2" Liner		8277-11523	530

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 able 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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D 4400	Length of Test 1	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 3750	Casing Pressure (Shut-in) PACKER	Choke Size 26/64"

CERTIFICATE OF COMPLIANCE

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.
XC: NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, D&M, LMC, CTY, EEB, REM,K,TW,FILE, (PARTNERS)

R. C. Matthews
(Signature)

REGULATORY COORDINATOR

(Title)

5-21-82

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1982, 19

BY W. H. Walker

TITLE OIL AND GAS INSPECTOR

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

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filled for each pool in mul