

RECEIVED

SEP 29 '87

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTO. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		✓
LAND OFFICE		✓
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PROBATION OFFICE		✓

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mesa Operating Limited Partnership		
Address P.O. Box 2009, Amarillo, Texas 79189		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name WHITE CITY "14" FEDERAL	Well No. 2	Pool Name, including Formation <i>Subsidiary</i> <del>Undesignated Delaware, SW</del>	Kind of Lease State, Federal or Fee Federal	Lease No. NM19423
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>25S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>Post ID-2</i> <i>10-2-87</i> <i>camp 4 BR</i>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>14</u> Twp. <u>25</u> Rge. <u>26</u> Is gas actually connected? <u>No</u> When <u>10-2-87</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of  
my knowledge and belief.

*Carey Cunningham*  
(Signature)  
Regulatory Analyst  
(Title)  
September 28, 1987  
(Date)

## OIL CONSERVATION DIVISION

APPROVED SEP 30 1987, 19 \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Les 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 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 only Sections I, II, III, and VI 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  
completed wells.

#### IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 12-03-86	Date Compl. Ready to Prod. 9-16-87			Total Depth 12,225'			P.B.T.D. 2223'		
Elevations (DF, RKB, RT, GR, etc., 3276.0' GR	Name of Producing Formation Delaware			Top Oil/Gas Pay 1957'			Tubing Depth 2115'		
Perforations 1957' - 2024'							Depth Casing Shoe 9245'		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	410'	275/200
12 1/4"	9 5/8"	1840'	800/400
8 1/2"	7"	9245'	650/525
	2 7/8"	2115'	

#### V. 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 6-18-87	Date of Test 9-26-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 32	Water - Bbls. 270	Gas - MCF 17

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size