05-61379

Form C-105
Revised 10-1-78

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease: State ☐ Fee ☒
5. State Oil & Gas Lease No.

7. Unit Agreement Name

TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER

TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER

RECEIVED
MAY 10 1982
AMARILLO PRODUCTION

8. Farm or Lease Name: MUDDY COM
9. Well No.: 1
10. Field and Pool, or Wildcat: PECOS SLOPE ABO

Name of Operator: MESA PETROLEUM CO.
Address of Operator: 1000 VAUGHN BUILDING/MIDLAND, TX 79701-4493
Location of Well: UNIT LETTER N LOCATED 500 FEET FROM THE SOUTH LINE AND 2080 FEET FROM THE WEST LINE OF SEC. 29 TWP. 7S RGE. 26E NMPM
12. County: CHAVES

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
3-13-82	3-23-82	4-20-82	3562' GR	3562'

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
4344'	4255'	-	→	ALL	

24. Producing Interval(s), of this completion — Top, Bottom, Name: 3728' --- 3887', ABO
25. Was Directional Survey Made: NO
26. Type Electric and Other Logs Run: GR-CLL/GR-CNL-FDC
27. Was Well Cored: NO

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	900'	17 1/2"	700 Thixalite/300 "C"	
8 5/8"	24#	1807'	12 1/4"	700 Thixalite/300 "C"	
4 1/2"	10.5#	4308'	6 1/2"	650 "C"	

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8"	3629'	-

31. Perforation Record (Interval, size and number)
3728', 32', 61', 63', 3878', 80', 81', 84', 86', 87'; total of 20 holes
3 1/8" csg gun 2 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3728'---3887'	A/3250 gal 7½% HCL + 50 BS
3728'---3887'	F/49,400 gal XLink gel KCL & CO2 + 110,000# 20/40 sd + 44,000# 10/20 sd

PRODUCTION

33. Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
-	FLOWING	SHUT-IN

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
4-20-82	1	-	→	-	23	-	-

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
175	275	→	-	CAOF=600	-	-

34. Disposition of Gas (Sold, used for fuel, vented, etc.): VENTED
Test Witnessed By: E. L. BUTTROSS, JR.

35. List of Attachments: C-122, RECORD OF INCLINATION

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED R. E. Mayhew TITLE REGULATORY COORDINATOR DATE 5-4-82

XC: NMOCD (6), TLS, CEN RCDS, ACCTG, MEC, MAH, D&M, MTS(3), LMC, CTY, ROSWELL, EEB, REM, K, TW, FILE, (PARTNERS 5-5-82)

05-61379

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
MAY - 7 1982
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-1-78

RECEIVED
AUG 17 1983
MESA — PBD

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MESA PETROLEUM CO.

Address
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)
RECEIVED
AUG 24 1983
CONSERVATION RECORDS

Received
AUG 23 1983
Regulatory

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
MUDDY COM	1	PECOS SLOPE ABO	State, Federal or Fee	

Location
Unit Letter N ; 500 Feet From The SOUTH Line and 2080 Feet From The WEST
Line of Section 29 Township 7S Range 26E NMPM, CHAVES Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
~~KOCH OIL COMPANY~~ Permian Corp.	P.O. BOX ~~1558~~ 1183, ~~BRECKENRIDGE, TX 76024~~ Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)
TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)	P.O. BOX 2521, HOUSTON, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	29	7S	26E	~~NO~~ Yes	~~-~~ 8-9-83

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.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-13-82	4-20-82	4344'	4255'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3562' GR	ABO	~~3703'~~ 3728	3629'

Perforations	Depth Casing Shoe
3728' --- 3887'	4308'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	900'	700/300
12 1/4"	8 5/8"	1807'	700/300
6 1/2"	4 1/2"	4308'	650
	2 3/8	3639	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF=600	1 hour	-	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	985	935	-

CERTIFICATE OF COMPLIANCE

ORIG: REM cc: MWF - LAND, [illegible]
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.
cc: NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, ITS (3), (PARTNERS

R. E. Mack
(Signature)

REGULATORY COORDINATOR
(Title)

5-5-82
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 15 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 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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

61379
05 - ~~61585~~

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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	X

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
MUDDY COM	1	Pecos Slope ABO	~~State~~ Fee	

Location: Unit Letter N : 500 Feet From The South Line and 2080 Feet From The West

Line of Section 29 T. ~~ship~~ 7S Range 26E NMPM, Chaves Co~~u~~

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate X: 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 ☐ or Dry Gas X: Transwestern Pipeline Co. (Attn: Aiklen)	Address (Give address to which approved copy of this form is to be sent): P.O. Box 2521 / Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	29	7	26	---	

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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

XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE)

P.E. Mast
(Signature)
REGULATORY COORDINATOR
(Title)
1-11-83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY _____

TITLE _____

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 devi 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 filed for each pool in mu completed wells.

05-61379

RECEIVED BY
FEB 12 1986
O. C. D.
ARTESIA, OFFICE

RECEIVED
MAR 6 1986
REGULATORY/SAFETY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		✓
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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)

- [ ] New Well
- [ ] Recompletion
- [X] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

If change of ownership give name and address of previous owner: Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MUDDY COM	1	PECOS SLOPE ABO	State, Federal or (Fee)	

Location
Unit Letter N : 500 Feet From The SOUTH Line and 2080 Feet From The WEST

Line of Section 29 Township 7S Range 26E , NMPM, CHAVES County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☑	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. BOX 1183 / Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☑	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	P.O. BOX 2521 / Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	29	7	26	YES	8-9-83

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.

R. E. Mathis
(Signature)

REGULATORY AGENT
(Title)

February 14, 1986
(Date)

RECEIVED
MAR 07 1986
PRODUCTION RECORDS

OIL CONSERVATION DIVISION

APPROVED FEB 28 1986, 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 allowable 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.

XC: NMOCD-(0+4), WF, CR, Reg.

05-61379

RECEIVED

OCT 24 '89

O. C. D.
ARTESIA, OFFICE

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
YATES PETROLEUM CORPORATION	30-005-61379

Address: 105 SOUTH 4th STREET, ARTESIA, NM 88210

Reason(s) for Filing (Check proper box) [X] Other (Please explain)

New Well [ ]
Recompletion [ ]
Change in Operator [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [X]

EFFECTIVE DATE 10-21-89

If change of operator give name and address of previous operator: Mesa Operating Limited Partnership, PO Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or (Fee)	Lease No.
Muddy Com	1	Pecos Slope Abo		

Location
Unit Letter N : 500 Feet From The south Line and 2080 Feet From The west Line

Section 29 Township 7S Range 26E NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co. (ATT: Aicklen)	PO Box 2521, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	N	29	7	26	Yes	8/9/83

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature: Juanita Goodlett

JUANITA GOODLETT - PRODUCTION SUPVR.
Printed Name / Title

8-1-89 (505) 748-1471
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Sent to partners 2-18-91 cs