## STATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT .............................. DISTRIBUTION SANTA FE

(Date)

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

RECEIVED

MAR 09 1981

Separate Forms C-104 must be filed for each poul in multiple condition

U. 8. U. 8.	<u> </u>	<b> </b>	<b> </b>	<b>_</b>					
LAND OFFICE			<b>!</b>	REQUEST FOR ALLOWABLE					
	OIL	$\perp$	1_	AND					
TRANSPORTER	DAS	1	<u> </u>	AUTHORIZATION TO TRANSPORT OIL AND NA					
OPERATION		II	<u> </u>	AUTHORIZATION TO TRANSFORT OLE 1415					
PADRATION OF	FICE	<u> </u>	<u> </u>						
Operator				,					
	<b>-</b>			~~					

LAND OFFICE		REQU	_	VEFOMARE					
AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
PADRATION OPPICE									
Operator		•	•						
MESA PETROLEUM CO.		. <del> </del>				•			
1000 VAUGHN BUILDING	MIDLAND,	TEXAS 797	701	I Osh (Places					
Reason(s) for filing (Check proper box)		Transporter C		Other (Please	· exhiminy				
New Well	Oll Change in								
Recompletion	Casinghe	od Co.	ate						
Change in Ownership									
If change of ownership give name and address of previous owner		·							
		110	- 5/	Ph. Coc					
DESCRIPTION OF WELL AND	LEASE Well No.	Pool Name, I	nation Kind of Lease			Lease No.			
BARN FEDERAL	1. 1.	1/20 de -	ABO -	State, Federal	or Fee	36652_NM_			
Location									
- f 7	280 Feet Fro	m TheS	OUTH Line	and660	Feet From T	heEAST			
Unit Letter 1 :				•	CHAVES_		County		
Line of Section 2 12 T.	mahip 8 SC	)UTH	Range 22	FAST	".LOAVES				
DESIGNATION OF TRANSPOR	TER OF OIL	AND NATU	URAL GAS	5		Town of this form i	s to be sent!		
Name of Authorized Transporter of Cil	or C	ondensate X							
VOCH OTI COMPANY				P 0 BOX 1558 BRECKENRIDGE TX 76024  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Ca	singhead Gas	or Dry G	as [X]	P 0 BOX 2018 ROSWELL NM 88201					
TRANSWESTERN PIPELIN		c. Twp.	Rge.	lu?h o a					
If well produces oil or liquids,	Unit , Sec	8 8	22	NO yes	<u> </u>	5-28-81			
give location of tanks.  If this production is commingled wi	th that from a	ny other leas	e or pool,	give commingling orde	r number:				
If this production is commingled with COMPLETION DATA			Ggs Well	New Well Workover	Deepen	Plug Back   Same F	Res'v. Dill. Res'v.		
Designate Type of Completi		Oil Well	X X	X					
	Date Comple	Ready to Prod		Total Depth		P.B.T.D.			
Date Spudded	2-3-81			3450'		3320'			
11-2-80 Elevations (DF, RKB, RT, GR, etc.)		ducing Formati	on	Top Oil/Gas Pay		Tubing Depth			
4103.8' GR	2771 2854 Depth Casing Shoe								
Perforations						4399'			
2771'2891'		TUDING CA	SING AND	CEMENTING RECO	RD				
		G & TUBING		DEPTH	SET	SACKS C	EMENT		
HOLE SIZE	8 5/8"			991'		445/200			
7 7/8"	4 1/2"			3440'		-300/200			
1 1/6	2 3/8"								
				feer recovery of total vo	lume of load oil	and must be equal to	or exceed top allow.		
TEST DATA AND REQUEST I	OR ALLOW	ABLE (Te	st must be a. le for this de	onth or be for full 24 not	ur <b>a</b> j				
OIL WELL   Date First New Oil Run To Tanks	Date of Test			Producing Method (FI	ow, pump, gas l	iji, eic.j			
Date first New On Han						Choke Size	. 0		
Length of Test	Tubing Pres	*###		Casing Pressure		1/2	D RE		
				Water-Bbis.		Gas-MCF	100		
Actual Prod. During Test	Oil-Bhis.						- A		
							Ų.		
CAP HET I						Gravity of Conden	•at•		
GAS WELL Actual Prod. Test-MCF/D	Length of T	est		Bbis. Condensate/MA	AC P		•		
999	2 3/4	HOURS		Casing Pressure (Sh	ut-in)	Choke Size			
BACK PRESSURE	Tubing Pres	ewe (Shut-1	ΣÌ	805	• 				
					CONSERVA	TION DIVISION			
. CERTIFICATE OF COMPLIA	NCE				JUN 0 2		10		
	d samulations (	of the Oll Co	nservation	APPROVED	1	-//	<del></del>		
I hereby certify that the rules and Division have been complied wi	th and that t	he informatio	By Wa Dresset						
above is true and complete to t	Dez. e	-	THE PARTY IN						
C: NMOCD (6), MEC, TLS,	This form is to be filed in compliance with null 1104.								
D&M, PARTNERS, FILE									
R. E. Martis (1)	If this is a r	If this is a request for allowable for a newly drilled or despensing this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation.							
(5)	well, this form must be accompanied with MULE 111. tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow								
REGULATORY COORDINA									
	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								
MARCH 6, 1981	Date)		well name or number, or transporter, or other such such poul in multiple						

## NEW MEXICO OIL CONSERVATION DIVISION

ON

P. O. DRAWER "DD"

JUN 01 1981

RECEIVED

ARTESIA, NEW MEXICO 88210

O. C. D. ARTESIA, OFFICE

AIR MAIL

NOTICE OF GAS CONNECTION

DATE May 29, 1981

This is to notify the Oil purchase of gas from the $\_$ Mesa Petro		Division that connection for the				
	Operator					
Barn-Federal Lease		Well #1 - Unit Letter "I"  Well Unit				
8-8S-22E, Chaves County S.T.R.		Wildcat (Abo) Pool				
Transwestern  Name of purchaser	was made on	May 28, 1981				
	Т	ranswestern Pipeline Company Company				
	<u> </u>	H. N. Aicklen Representative				

Supervisor Gas Purchase Contract Administration
Title

cc: Operator

Oil Conservation Division - Santa Fe