## STATE OF NEW MEXICO MERGY AND MEDICALS DEPARTMENT

** ** 1***** ***			
DILLEURUTION			
SANTAFE			
7 11L E			
U 11.U.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	OAS		
OF ERATION			
PEDNATION CF	+C ■		

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G

OFFRATION PRONATION OFFICE	AUTHORIZATION	TO TRANSF	PORT OIL AND NATU	RAL GAS		
MESA PETROLEUM CO.	. /					
1000 VAUGHN BUILD		S 70701				
Reason(s) for filing (Check proper box		3 /9/01	Other (Please	e explain)	<del> </del>	-
New Well	Change in Transporte	er ol: Dry Ga				
Recompletion Change in Ownership	Casinghead Gas	Conden		- 		
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE PROPERTY	c Slan	r - Abr Gas			
Lease Name	Well No. Pool Name	, Including Fo	Formation Kind of Lease State (Federal) or Fee		\ _	Lease No.
COYOTE FEDERAL		ESIGNATED	ABO	State, (rederal	NM NM	27970
Unit Letter E ; 79	980 Feet From The NO	ORTH Line	and 660	Feet From T	h. WEST	
Line of Section 20 T.	HTUOS 7 quitern	Range 2	5 EAST , NMPM	. CHAVES		County
DESIGNATION OF TRANSPOR	TER OF OIL AND NA		S	en Mak approx	ed copy of this form is to	
						ve senty
Name of Authorized Transporter of Car		Gas 💢	P O BOX 1558 BRECKENRIDGE TX 76024 Address (Give address to which approved copy of this form is to be sent)			
TRANSWESTERN PIPEL	Unit Sec. Twp.	Rge.	P 0 BOX 2018 ROSWELL NM 88201			
If well produces oil or liquids, give location of tanks.	E 20 7	25	NO 10,5		4-27-8/	
If this production is commingled wi COMPLETION DATA						
Designate Type of Completic	on - (X)	Gas Well	New Well Workover	Deepen	Plug Back   Same Rest	v. Dill, Restv.
Date Spudded	Date Compl. Ready to Pro	od.	Total Depth 4350 -	_	P.B.T.D. 4289'	
1-22-81 Elevations (DF, RKB, RT, GR, etc.) 3848.1' GR	3-12-81 Name of Producing Forms ABO	nion	Top Oil/Gas Pay 3610 '		Tubing Depth	
Perforations 3610138671					Depth Casing Shoe	
3010 3807	TUBING, C	ASING, AND	CEMENTING RECOR	D	4349'	
HOLE SIZE	CASING & TUBIN		DEPTH SI		SACKS CEMI	ENT
17 1/2"	13 3/8"		904 ' 1726 '		200/700	
7 7/8"	4 1/2"		4349'		700/300	
	2 3/8"		3779'		<u></u>	
TEST DATA AND REQUEST FOOLL WELL	da		ter recovery of total valuable or be for full 24 hours	)		ceed top allow
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flou	), pump, gas lift	, etc.j	
Length of Test	Tubing Pressure		Casing Pressure		Choxe Size	
Actual Prod. During Test	OH-BMs.		Water-Bbls.		Gas-MCF	
	<del></del>					
Actual Prod. Teel-MCF/D	Length of Test		Bbis. Condensate/MMC	F	Gravity of Condensate	<del></del>
1031	2 3/4 H	HOURS	Coming Pressure (Shut-	453	Choke Size	
BACK PRESSURE	Tubing Pressure (shut-i	.a.)	850	-10)	-	
CERTIFICATE OF COMPLIANC				ONSERVAT	ON DIVISION	
			APPROVED	MAY 0 4 19	81	10
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.		APPROVED MAY U 4 1981 . 19				
: NMOCD (6), TLS, CEN R	CDS, ACCTG, ROSWE	ELL, MEC	TITLE STOR			
AH, PARTNERS, FILE, KOCH,	TRANSWESTERN, FI	ILE, LMC	This form is to	to filed in c	omplience with RULE	
K. E. Markie		If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a talulation of the deviation tests taken on the well in accordance with MULK 111.  All sections of this form must be filled out completely for allow-				
(Signatur) REGULATORY COORDINATOR						
MARCH 17, 1981			able on new and recomplated walls.  Fill out only Sections I. H. III, and VI for changes of owner,			
(l/a	(e)		Fill out only well name or number	metions 1, il. r, or transports	er, or other such Change	of condition