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O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator  
MESA PETROLEUM CO.

Address

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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 No.
BLANCO	1	UNDESIGNATED ABO	State, Federal or Fee	

Location

Unit Letter J ; 1980 Feet From The SOUTH Line and 1980 Feet From The EAST

Line of Section 12 Township 7 SOUTH Range 25 EAST, NMPM, CHAVES County

## 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)
KOCH OIL COMPANY	P O BOX 1558 BRECKENRIDGE TX 76204
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)
TRANSWESTERN PIPELINE COMPANY	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
	J 12 7 25 NO YES 12-23-81

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. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-6-81	11-9-81	4124'	4084'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3701.6' GR	ABO	3724'	3627'					
Perforations			Depth Casing Shoe					
3724'---3926'			4124'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	823'	750/300/200
11"	9 5/8"	1750'	750/250/200
7 7/8"	4 1/2"	4124'	500/450
	2 7/8"	3627'	-

## 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	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 = 410	1 HOUR	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	775	780	-

## 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.NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC,  
RTNERS, LMC, CTY, EEB, REM, TW, KOCH, FILE

REGULATORY COORDINATOR

DECEMBER 7, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED

JAN 5 1982

BY

SUPERVISOR, DISTRICT II

TITLE

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 Form C-104 must be filled for each pool in multiple  
compleated wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

JAN 4 1982

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE December 29, 1981

This is to notify the Oil Conservation Division that connection for the  
purchase of gas from the Mesa Petroleum Co.

Operator

Blanco

Lease

Well #1 - Unit Letter Unknown

Well Unit

12-7S-25E, Chaves County

S.T.R.

Wildcat (Abo)

Pool

Transwestern  
Name of purchaser

was made on December 23, 1981

Transwestern Pipeline Company  
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe