

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<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 ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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If change of ownership give name  
and address of previous owner

O. C. D.

ARTESIA, OFFICE

DESCRIPTION OF WELL AND LEASE

*Pecos Slope - Abo Gas*

Lease Name DORIS FEDERAL	Well No. 4	Pool Name, Including Formation UNDESIGNATED ABO	Kind of Lease State, Federal or Fee NM	Lease No. 19825
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Location

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

Line of Section 11 Township 5 SOUTH Range 24 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"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 1558 BRECKENRIDGE TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO. (ATTN: AIKLEN)	Address (Give address to which approved copy of this form is to be sent) P O BOX 2521 HOUSTON TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 11 5 24
Is gas actually connected?	When NO Yes 11-25-81

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 8-20-81	Date Compl. Ready to Prod. 9-28-81	Total Depth 4104'	P.B.T.D. 4061'					
Elevations (DF, RKB, RT, GR, etc.) 3906' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3539'	Tubing Depth 3432'					
Perforations 3539' --- 3836'			Depth Casing Shoe 4103'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	857'	750/300/200/1100
11"	8 5/8"	1708'	750/300/200
7 7/8"	4 1/2"	4103'	650/450
	2 3/8"	3432'	

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D CAOF - 800	Length of Test 1 HOUR	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 900	Casing Pressure (Shut-in) 870	Choke Size -

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: NMCD (6), TLS, CEN RCDS, ACCTG, MEC, LAND, DQM, EEB, LMC, CTY, ROSWELL, REM, PARTNERS, TW, K, FILE

*R. P. Mott*

(Signature)

REGULATORY COORDINATOR

(Title)

OCTOBER 2, 1981

(Date)

OIL CONSERVATION DIVISION

DEC 7 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *W. A. Gressitt*

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 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 Form C-104 must be filed for each pool in multiple.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

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DEC 4 1981

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE December 1, 1981

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

Doris-Federal  
Lease

Well #4-Unit Letter "J"  
Well Unit

11-5S-24E, Chaves County  
S.T.R.

~~Wildcat~~ (Abo)  
Pool

Transwestern  
Name of purchaser

was made on November 25, 1981

Transwestern Pipeline Company  
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe