STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-104
Revised 10-1-73

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

JAN 25 '83

ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.
Operator
Mesa Petroleum Co.

Address
P.O. Box 2009 / Amarillo, Texas 79189

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)

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 No. |
|---|---|---|---|---|
| SALT FEDERAL | 6 | West Pecos Slope ABO | ~~State~~ Federal ~~Fee~~  NM | 23264 |

Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 4   Township 8S   Range 23E , NMPM,   Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Permian Corporation

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Transwestern Pipeline Co.   (Attn:  Aiklen)

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183 / Houston, Texas 77001

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. |
|---|---|---|---|
| J | 4 | 8 | 23 |

Is gas actually connected?   When
Yes   1-11-82

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 |
|---|---|---|---|
| | | | Depth Casing Shoe |

Perforations

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)

R. F. Mott
(Signature)

REGULATORY COORDINATOR
(Title)

1-11-83
(Date)

OIL CONSERVATION DIVISION

APPROVED   JAN 26 1983   , 19 ____

Original Signed by
Leslie A. Clements

BY _____

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 ownership, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.