

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 14 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator
MESA PETROLEUM CO. ✓

Address
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name CINDY FEDERAL	Well No. 1	Pool Name, including Formation UNDESIGNATED ABO	Kind of Lease State <u>Federal</u> or Fee NM	Lease 36651
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>24</u> Township <u>8 SOUTH</u> Range <u>22 EAST</u> , NMPM, CHAVES Co.				

2. 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 <u>CATHY Aiken</u>	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 <u>G</u> Sec. <u>24</u> Twp. <u>8</u> Rge. <u>22</u>	Is gas actually connected? <u>NO</u> When <u>1-6-82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-2-81	Date Compl. Ready to Prod. 10-2-81	Total Depth 3315'	P.B.T.D. 3260'					
Elevations (DF, RKB, RT, GR, etc.) 3950.8' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 2654'	Tubing Depth 2550'					
Perforations 2654' --- 2762'			Depth Casing Shoe 3315'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	1417'	800/300/200/250					
7 7/8"	4 1/2"	3315'	700/300					
	2 3/8"	2550'						

4. 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 able 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 798	Length of Test 4 HOURS	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (prior, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 850	Casing Pressure (Shut-in) 860	Choke Size -

5. 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, DEM, EEB, LMC, CTY, PARTNERS, ROSWELL, REM, MTS (3), TW, K, FILE

R. E. Mathis
(Signature)

REGULATORY COORDINATOR

(Title)
OCTOBER 12, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 12 1982
BY W. A. Gussert
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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections 1, II, III, and VI for changes of a well name or number, or transporter, or other such change of cond

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

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JAN 11 1982

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE January 7, 1982

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

Cindy Fed.
Lease

#1 - Unit Letter ^G ~~Unknown~~
Well Unit

24-8S-22E, Chaves County
S.T.R.

~~Wildcat~~ ^{Und.} (Abo)
Pool

Transwestern
Name of purchaser

was made on January 6, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe