

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 20 1982

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ADMINISTRATIVE OFFICE

| | |
|-----------------|--|
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| DATE | |
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| NO OFFICE | |
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| ORATOR | |
| ORATION OFFICE | |

MESA PETROLEUM CO. ✓

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

| | |
|---|------------------------|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| Well <input checked="" type="checkbox"/> | |
| Completion <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"/> | |

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|----------------|
| Well Name CHINA FEDERAL | Well No. 2 | Pool Name, including Formation UNDESIGNATED ABO | Kind of Lease State <u>Federal</u> or Fee NM | Lease 36648 |
| Location Unit Letter <u>E</u> : 1800 Feet From The NORTH Line and 660 Feet From The WEST | | | | |
| Line of Section 18 Township 7S Range 23E, NMPM, CHAVES Col. | | | | |

SIGNATURE 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 76024 |
| 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 CO (ATTN: AIKLEN) | P.O. BOX 2521, HOUSTON, TX 77001 |
| Well produces oil or liquids, Location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | <u>E</u> 18 7S 23E NO yes 1-11-83 |

If 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 Restv. | Diff. F |
| | | X | X | | | | | |
| Date Spudded 4-30-82 | Date Compl. Ready to Prod. 7-7-82 | Total Depth 3400' | P.B.T.D. 3165' | | | | | |
| Productions (DF, RKB, RT, GR, etc.) 4175.8' GR | Name of Producing Formation ABO | Top Oil/Gas Pay 2887' | Tubing Depth 2820' | | | | | |
| Productions 2887' --- 3004' | Depth Casing Shoe 3198' | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/2" | 8 5/8" | 1513' | 700/200/1450 |
| 7 7/8" | 4 1/2" | 3198' | 300 |
| | 2 3/8" | 2820' | - |

TEST DATA AND REQUEST FOR ALLOWABLE 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)

| | | | |
|----------------------------|-----------------|---|------------|
| First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | | |
| Depth of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Oil Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | | | |

WELL

| | | | |
|---|----------------------------------|----------------------------------|----------------------------|
| Oil Prod. Test-MCF/D 1632 | Length of Test 4 | Bbls. Condensate/M/MCF - | Gravity of Condensate - |
| Testing Method (pilot, back pr.) BACK PRESSURE | Tubing Pressure (Shut-in) 815 | Casing Pressure (Shut-in) 815 | 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 is true and complete to the best of my knowledge and belief.
NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, S (3), (PARTNERS)

R. F. Mark
(Signature)

REGULATORY COORDINATOR

(Title)

7-12-82

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 18 1983, 19

Original Signed By
BY Ledie A. Clements
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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

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

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

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