

OIL CONSERVATION DIVISION

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

RECEIVED

Form C-104
Revised 10-1-78

MAR - 4 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

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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"/>	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name LODEWICK FED COM	Well No. 1	Pool Name, Including Formation UNDESIGNATED ABO	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee <input type="checkbox"/>	Lease NM 40030
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 8 Township 5 SOUTH Range 25 EAST, NMPM, CHAVES				

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
Well produces oil or liquids, give location of tanks.	Unit J Sec. 8 Twp. 5 Rge. 25 Is gas actually connected? <input checked="" type="checkbox"/> NO When 10-16-82

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. <input type="checkbox"/>		
Date Spudded 1-16-82	Date Compl. Ready to Prod. 2-27-82	Total Depth 4300'	P.B.T.D. 4233'
Elevations (DF, RKB, RT, GR, etc.) 3861' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3647'	Tubing Depth 3557'
Perforations 3647'---3797'	Depth Casing Shoe 4292'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	864'	750/300/300/2500
12 1/4"	8 5/8"	1807'	700/300/300
7 7/8"	4 1/2"	4292'	650
	2 3/8"	3557'	-

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)

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

AS WELL

Actual Prod. Test-MCF/D 1163	Length of Test 4 HOURS	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (prior, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 900	Casing Pressure (Shut-in) 835	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.
: NMOC (6), TLS, CEN RODS, ACCTG, ROSWELL, MEC
LAND, D&M, LMC, CTY, EEB, REM, TW, K, PARTNERS,
FILE, MTS (3)

R. P. Mathis

(Signature)

REGULATORY COORDINATOR

(Title)

MARCH 3, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 19 1982, 19

Original Signed By
Leslie A. Clements
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 devi
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 mul