

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 15 1982

O. C. D.

ARTESIA, OFFICE

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

MESA PETROLEUM CO.

Address

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MCDERMETT	1	PECOS SLOPE ABO	State, Federal or <u>Fee</u>	

Location

Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EASTLine of Section 19 Township 6 SOUTH Range 25 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"/>	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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 19 6 25 NO <u>yes</u> - 10-22-82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-5-82	1-27-82	4150'	4087'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3818.8' GR	ABO	3442'	3346'					
Perforations			Depth Casing Shoe					
3442'---3717'			4150'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	850'	700/300/300
12 1/4"	8 5/8"	1760'	700/300/300/900
7 7/8"	4 1/2"	4150'	650
	2 3/8"	3346	-

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	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
1037	4 HOURS	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	900	870	-

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 (6), TLS, CEN RCDS, ACCTG, MEC, LAND
CTY, EEB, TW, K, D&M, LMC, REM, PARTNERS, FILER. P. Mark

(Signature)

REGULATORY COORDINATOR

(Title)

FEBRUARY 12, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 3 1982, 19BY Michael W. WalkerTITLE OIL AND GAS INSPECTOR

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 allow-
able 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 Forms C-104 must be filed for each pool in multiple
well completions.

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NEW MEXICO OIL CONSERVATION DIVISION

OCT 29 1982

P. O. DRAWER "DD"

O. C. D.
ARTESIA, OFFICE

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

DATE October 26, 1982

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Mesa Petroleum Co. ✓

Operator

McDermett

Lease

Well #1-Unit Letter ~~unknown~~

Well Unit

19-6S-25E, Chaves County

S.T.R.

Undesignated (Abo)

Pool


Transwestern

Name of purchaser

was made on

October 22, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-132
Revised 7-15-80APPLICATION FOR WELLHEAD
PRICE CEILING CATEGORY DETERMINATION

RECEIVED

FEB 18 1982

O. C. D.
ARTESIA, OFFICE

1. FOR DIVISION USE ONLY:	
DATE COMPLETE APPLICATION FILED	_____
DATE DETERMINATION MADE	_____
WAS APPLICATION CONTESTED?	YES _____ NO _____
NAME(S) OF INTERVENOR(S), IF ANY:	

2. Name of Operator MESA PETROLEUM CO.	5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P O BOX 2009/AMARILLO, TX 79189-2009	5. State Oil & Gas Lease No. _____
4. Location of Well UNIT LETTER <u>J</u> LOCATED <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE OF SEC. <u>19</u> TWP. <u>6S</u> RGE. <u>25E</u> NMPM	7. Unit Agreement Name _____
11. Name and Address of Purchaser(s) Undetermined	8. Farm or Lease Name MCDERMETT
	9. Well No. 1
	10. Field and Pool, or Wildcat UNDES PECOS SLOPE ABO
	12. County CHAVES

WELL CATEGORY INFORMATION

Check appropriate box for category sought and information submitted.

- Category(ies) Sought (By NGPA Section No.) 107 (c) (5) & 102.2
- All Applications must contain:
 - ☒ a. C-101 APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK
 - ☒ b. C-105 WELL COMPLETION OR RECOMPLETION REPORT
 - ☐ c. DIRECTIONAL DRILLING SURVEY, IF REQUIRED UNDER RULE 111 N/A
 - ☒ d. AFFIDAVITS OF MAILING OR DELIVERY
- In addition to the above, all applications must contain the items required by the applicable rule of the Division's "Special Rules for Applications For Wellhead Price Ceiling Category Determinations" as follows:
 - A. NEW NATURAL GAS UNDER SEC. 102(c)(1)(B) (using 2.5 Mile or 1000 Feet Deeper Test)
 - ☒ All items required by Rule 14(1) and/or Rule 14(2)
 - B. NEW NATURAL GAS UNDER SEC. 102(c)(1)(C) (new onshore reservoir)
 - ☐ All items required by Rule 15
 - C. NEW ONSHORE PRODUCTION WELL
 - ☐ All items required by Rule 16A or Rule 16B
 - D. DEEP, HIGH-COST NATURAL GAS and TIGHT FORMATION NATURAL GAS
 - ☒ All items required by Rule 17(1) or Rule 17(2)
 - E. STRIPPER WELL NATURAL GAS
 - ☐ All items required by Rule 18

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED
HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

C. TAYLOR YOAKAM

NAME OF APPLICANT (Type or Print)

SIGNATURE OF APPLICANT

Title MANAGER GAS SALES & CONTRACTSDate 2-17-82

FOR DIVISION USE ONLY

- ☐ Approved
- ☐ Disapproved

The information contained herein includes all
of the information required to be filed by the
applicant under Subpart B of Part 274 of the
FERC regulations.

EXAMINER _____