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DEC 8 1981

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| SANTA FE              | /              |
| FILE                  | /              |
| U.S.O.B.              |                |
| LAND OFFICE           |                |
| TRANSPORTER           | OIL /<br>GAS / |
| OPERATOR              | /              |
| PRODUCTION OFFICE     | /              |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

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:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                        |

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                              |               |  |  |                    |
|------------------------------|---------------|--|--|--------------------|
| Lease Name<br>ALKALI FEDERAL | Well No.<br>4 | Pool Name, including Formation<br>UNDESIGNATED ABO | Kind of Lease<br>State <input checked="" type="checkbox"/> Federal or Fee NM | Lease No.<br>40029 |
|------------------------------|---------------|--|--|--------------------|

|                           |  |
|---------------------------|--|
| Location                  | Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> |
| Line of Section <u>22</u> | Township <u>5 SOUTH</u> Range <u>25 EAST</u> , NMPM, <u>CHAVES</u> County                                  |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |
|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 76204   |
| 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 COMPANY (AHN: AIKLEN)  | P O BOX 2521 HOUSTON TX 77001   |
| If well produces oil or liquids,<br>give location of tanks.  | Unit <u>D</u> Sec. <u>22</u> Twp. <u>5</u> Rge. <u>25</u> Is gas actually connected? <u>YES</u> When <u>3-19-82</u> |

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. Res'v. <input type="checkbox"/> |
| Date Spudded<br>9-28-81                        | Date Compl. Ready to Prod.<br>11-13-81 | Total Depth<br>4234'                         | P.B.T.D.<br>4111' 3970'                      |                                   |                                 |                                    |                                      |                                       |
| Elevations (DF, RKB, RT, GR, etc.)<br>3768' GR | Name of Producing Formation<br>ABO     | Top Oil/Gas Pay<br>3730'                     | Tubing Depth<br>3610'                        |                                   |                                 |                                    |                                      |                                       |
| Perforations<br>3730' --- 3844'                |  |  | Depth Casing Shoe<br>4236'                   |                                   |                                 |                                    |                                      |                                       |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 1/2"   | 13 3/8"              | 826'      | 800/300/200  |
| 11"       | 8 5/8"               | 1612'     | 800/300/200  |
| 7 7/8"    | 4 1/2"               | 4236'     | 600/450      |
|           | 2 3/8"               | 3610'     |              |

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                               |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   |
|                                 |                 | Choke Size                                    |
|                                 |                 | Gas-MCF                                       |

GAS WELL

|   |                                  |                                  |                             |
|---|----------------------------------|----------------------------------|-----------------------------|
| Actual Prod. Test-MCF/D<br>1423                   | Length of Test<br>4 HOURS        | Bbls. Condensate/MMCF<br>--      | Gravity of Condensate<br>-- |
| Testing Method (pilot, back pr.)<br>BACK PRESSURE | Tubing Pressure (Shot-in)<br>940 | Casing Pressure (Shot-in)<br>895 | Choke Size<br>--            |

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.

NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, D, PARTNERS, MTS (3), D&M, LMC, CTY, EEB, REM, TW, FILE

R. E. Mack  
(Signature)

REGULATORY COORDINATOR

(Title)  
DECEMBER 7, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 30 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 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 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 completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

RECEIVED

P. O. DRAWER "DD"

MAR 29 1982

ARTESIA, NEW MEXICO 88210

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE March 25, 1982

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

Operator

Alkali - Federal  
Lease

Well #4 - Unit Letter <sup>D</sup> Unknown  
Well Unit

22-5S-25E, Chaves County  
S.T.R.

~~Wildcat~~ (Abo)  
Pool

Transwestern  
Name of purchaser

was made on March 19, 1982

Transwestern Pipeline Company  
Company

*H. N. Aicklen*

H. N. Aicklen  
Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe