

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

JAN 19 1982

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

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATION	1
PRODUCTION OFFICE	

Operator Mesa Petroleum Co.	
Address 1000 Vaughn Bldg. / Midland, TX 79701-4493	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cottonwood Federal	Well No. 2	Pool Name, Including Formation Undesignated Abo	Kind of Lease State, Federal or Fee	Lease NM-158
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>6 South</u> Range <u>25 East</u> , NMPM, <u>Chaves</u> Co.				

III. 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 Co.	P.O. Box 1558, Breckenridge, Texas 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, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>26</u>
	Twp. <u>6S</u>	Rge. <u>25E</u>
	Is gas actually connected? <u>No</u> Yes <u>Yes</u> When <u>2-18-82</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. f
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>10/19/81</u>	Date Compl. Ready to Prod. <u>11/25/81</u>	Total Depth <u>4300'</u>		P.B.T.D. <u>4113'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3770' GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>3723'</u>		Tubing Depth <u>3619'</u>				
Perforations <u>3723' --- 3990.5'</u>				Depth Casing Shoe <u>4172'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>842'</u>		<u>850/300/200/1750</u>				
<u>11"</u>	<u>8-5/8"</u>	<u>1550'</u>		<u>800/300/300</u>				
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>4172'</u>		<u>500/500</u>				
	<u>2-3/8"</u>	<u>3619'</u>		<u>----</u>				

V. 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 <u>1090</u>	Length of Test <u>4 hrs.</u>	Bbls. Condensate/MMCF <u>----</u>	Gravity of Condensate <u>----</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>970</u>	Casing Pressure (Shut-in) <u>925</u>	Choke Size <u>----</u>

I. 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: NMOC(6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC,
LAND, CTY, EEB, TW, K, REM, LMC, PARTNERS, D&M,
FILECathy Hilker
(Signature)Production Records Analyst
(Title)1/15/82
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 22 1982, 19BY W. A. GressettTITLE 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 condSeparate Forms C-104 must be filled for each pool in mu
completed wells.

RECEIVED

FEB 22 1982

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE February 19, 1982

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

Cottonwood - Federal
Lease

Well #2 - Unit Letter ^H ~~Unknown~~
Well Unit

26-6S-25E, Chaves County
S.T.R.

Pecos Slope Abo Gas
~~Wildcat (Abo)~~
Pool

Transwestern
Name of purchaser

was made on February 18, 1982

Transwestern Pipeline Company
Company

 H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe