

JAN 25 '83

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

| | |
|------------------------|-------------------------------------|
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| DISTRIBUTION | |
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATION | <input checked="" type="checkbox"/> |
| INFORMATION OFFICE | |

Operator
Mesa Petroleum Co.Address
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name MEADOWS COM | Well No. 2 | Pool Name, including Formation Pecos Slope ABO | Kind of Lease State, Federal, or Fee <input checked="" type="radio"/> | Lease No. |
| 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>13</u> Township <u>7S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County | | | | |

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) |
| Permian Corporation | P.O. Box 1183 / Houston, Texas 77001 |
| 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 Sec. Twp. Rge. <u>D</u> <u>13</u> <u>7</u> <u>25</u> |
| Is gas actually connected? | Yes <input checked="" type="checkbox"/> When <u>10-18-82</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. | Diff. Res' |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 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 |
| Testing Method (pilot, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-in) | Choke Size |

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-D-A (0+5) CEN RCDS, ACCTG, ENG,
REM (FILE)R. T. Mader
(Signature)

REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION
JAN 26 1983

APPROVED _____, 19 _____

BY _____

TITLE _____

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 deviated 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.

FEB 24 1982

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

| | |
|------------------------|-------------------------------------|
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| LAND OFFICE | <input checked="" type="checkbox"/> |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

MESA PETROLEUM CO.

Address
1000 VAUGHN BUILDING/MIDLAND, TX 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)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|---------------|---|--|-------|
| Lease Name MEADOWS COM | Well No. 2 | Pool Name, including Formation PECOS SLOPE ABO | Kind of Lease State, Federal <u>Fee</u> | Lease |
|---------------------------|---------------|---|--|-------|

Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WESTLine of Section 13 Township 7 SOUTH Range 25 EAST , NMPM, CHAVES

Col.

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, BRECHENRIDGE, 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 <u>D</u> | Sec. <u>13</u> | Twp. <u>7</u> | Rge. <u>25</u> | Is gas actually connected? <u>YES</u> | When <u>10/18/82</u> |
|---|------------------|-------------------|------------------|-------------------|--|-------------------------|

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. F |
| | | <u>X</u> | <u>X</u> | | | | | |
| Date Spudded 12-29-81 | Date Compl. Ready to Prod. 2-11-82 | Total Depth 4100' | P.B.T.D. 4028' | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3699' GR | Name of Producing Formation ABO | Top Oil/Gas Pay 3702' | Tubing Depth 3584' | | | | | |
| Perforations 3702' --- 3958' | | | Depth Casing Shoe 4000' | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|-----------------|
| 17 1/2" | 13 3/8" | 735' | 700/300/300/600 |
| 12 1/4" | 8 5/8" | 1469' | 750/300/300/900 |
| 7 7/8" | 4 1/2" | 4000' | 500 |
| | 2 3/8" | 3584' | - |

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 1739 | Length of Test 4 hrs | Bbls. Condensate/MCF - | Gravity of Condensate - |
| Testing Method (prior, back pr.) BACK PRESSURE | Tubing Pressure (Shut-in) 935 | Casing Pressure (Shut-in) 840 | Choke Size 19/64" |

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.C: NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL,
EC, LAND, D&M, LMC, CTY, REM, TW, K, PARTNERS,
ILER. E. Mark
(Signature)

REGULATORY COORDINATOR

(Title)

FEBRUARY 19, 1982

(Date)

OIL CONSERVATION DIVISION

OCT 26 1982

APPROVED _____, 19____

BY _____ 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
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well name or number, or transporter, or other such change of cond
Separate Form C-104 must be filed for each pool in mu

NEW MEXICO OIL CONSERVATION DIVISION

RECEIVED

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

OCT 25 1982

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE October 22, 1982

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

Operator

Meadows Com.

Lease

Well #2 - Unit Letter ^DUnknown

Well Unit

13-7S-25E, Chaves County

S.T.R.

Pecos Slope (Abo)

Pool

Transwestern

Name of purchaser

was made on

October 18, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe