

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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O. C. D.

ARTESIA, OFFICE

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

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DISTRIBUTION	
SANTA FE	
FILE	
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LAND OFFICE	
TRANSPORTER	
OPERATOR	
PROMOTION OFFICE	

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

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Gerry Federal	Well No. 1	Pool Name, including Formation Permian Slope Abo Undesignated Abo	Kind of Lease State, Federal or Fee	Lease NM-14756
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>1</u> Township <u>8 South</u> Range <u>25 East</u> , NMPM, <u>Chaves</u> Co.				

## I. 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, Texas 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, Texas 77001
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>1</u> Twp. <u>8S</u> Rge. <u>25E</u>	Is gas actually connected? <u>No</u> When -----

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

## V. 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. F <input type="checkbox"/>		
Date Spudded 11/29/81	Date Compl. Ready to Prod. 12/20/81	Total Depth 4250'	P.B.T.D. 4200'
Elevations (DF, RKB, RT, GR, etc.) 3603.2' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3801.5'	Tubing Depth 3700'
Perforations 3801.5' --- 3855'			Depth Casing Shoe 4249'

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	830'	700 HLW/300 THXST/300 "C"
12-1/4"	8-5/8"	1845'	750 HLW/300 THXST/300 "C"
7-7/8"	4-1/2"	4249'	300 HLW/500 "C"
	2-3/8"	3700'	-----

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 1288	Length of Test 4 hrs.	Bbls. Condensate/MCF ----	Gravity of Condensate ----
Testing Method (pistol, back pr.) Back Pressure	Tubing Pressure (Shut-in) 835	Casing Pressure (Shut-in) 790	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(6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC,  
LAND, CTY, EEB, TW, K, REM, LMC, PARTNERS, FILE,  
D&MCathy Hickerson  
(Signature)Production Records Analyst  
(Title)1/13/82  
(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_

BY \_\_\_\_\_  
Original Signed ByTITLE \_\_\_\_\_  
Signature of District

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  
related wells.