OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

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DISTRIBUTION				
IANTA FE		IL		
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U.1.U.1.				
LAND OFFICE		l	l	
IMANIPONTER	DIL	11	l	
	DAB	1		
OPERATOR		\Box	L	
		1	1	

1 7 1001

All sections of this form must be filled out completely for all able on new and secompleted wells.

Fill out only Sections I. II. III. and VI for changes of own well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for sech pool in mult

LAND OFFICE DIL	REQUEST FOR		DEC 1 7 1981		
TRANSPORTER DAS /	AA 92000 Ot moitasigoutha	PORT OIL AND NATURAL GAS-			
PROBATION OFFICE	AUTHORIZATION TO TRANSF	<u> </u>			
Operator	ARTESIA, OFFICE				
MESA PETROLEUM CO.	. /				
Address	THE MIDIAND TEVAS 70701 /	1103			
1000 VAUGHN BUILD		Other (Please explain)			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Omer (ricere expense)			
New Well	OII Dry Gos				
Recompletion	Casinghead Gas Conden	高!			
Change in Ownership					
f change of ownership give name					
nd address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Peor leame, including		00000		
STEWART FEDERAL	3 UNDESTANATED	ABO , state, reality	1111 20332		
Location	NODTH	1000	WEST		
Unit Letter F : 198	Feet From The NURTH Lin	e and 1980 Feet From	The		
	mahin 8 SOUTH Range 24	EAST NMPM, CHAVES	County		
Line of Section To	waship O SOUTH Hange 24	, NMPM,			
	TO OF OUL AND NATURAL CA	S			
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Condensate [X] Address (Give address to which approved copy of this form is to be sent)			
•		P O BOX 1558 BRECKENRID	GE TX 76204		
Name of Authorized Transporter of Car	ANY				
TRANSWESTERN PIPELINE CO		P O BOX 2521 HOUSTON TX 77001			
	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	nen		
If well produces oil or liquids, give location of tanks.	F 1 8 124	HO Ves	2-12-82		
	th that from any other lease or pool,	give commingling order number:			
COMPLETION DATA			Plug Back Same Restv. Diff. Res		
	on - (X) Gas Well	New Well Workover Deepen	The same that th		
Designate Type of Completion			P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	3809'		
10-19-81	11-20-81	3850 Top Oil/Gas Pay	Tubing Depth		
Lievations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	3435'	3308'		
3700' GR	ABO	3433	Depth Casing Shoe		
Perforations			3850'		
3435'3691'	TURING CASING, AN	D CEMENTING RECORD			
101 5 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	13 3/8"	530'	800/300/200		
17 1/2"	8 5/8"	1840'	800/300/200/500/150		
7.7/0"	4 1/2"	38501	500/450		
7 7/8"	2 3/8"	3308'			
TEST DATA AND REQUEST F	OD STYOUARIE Comment be o	after recovery of total volume of load of	il and must be equal to or exceed top al		
OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas			
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tom, pamp)	Choke Size Dealer War		
		Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Curing Fields	Man Tr. ar		
		Water - Bbls.	Gas-MCF No		
Actual Pred. During Test	OII-Bbla.		2		
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	1 HOUR	-			
CAOF = 620 Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Shut-is)	Choke Size		
BACK PRESSURE	775	780			
		OIL CONSERVATION DIVISION			
CERTIFICATE OF COMPLIAN	ICE	ARRENCED FEB 2 2 1982			
at a she originary and regulations of the Dil Conservation		APPROVED FED & SIGN			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given		1 4 Gressett			
above is true and complete to the best of my anowice the MEC.		and the second of the			
NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, ND, PARTNERS, D&M, LMC, CTY, EEB, REM, K, TW, FILE TITLE SUPERVISOR, LINE WAS A COMMITTEE OF THE SUPERVISOR O		19 Salanda Ba			
ND, PARTNERS, D&M, LMC,	UII, EED, KLPI, K, IN, III	This form is to be filed i	n compliance with RULE 1104.		
D @ M.		Il			
K- (.// 100	X. 7.11 last		If this is a request for allowable for a tabulation of the devis well, this form must be accompanied by a tabulation of the devis tests taken on the wall in accordance with MULK 111.		
(Signalwe)		tests laken on the well in ac	cordance with RULE 1114		

(Title) DECEMBER 7, 1981

(Date)

REGULATORY COORDINATOR