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STATE OF NEW MEXICO 455

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RGY AND MINERALS DEPARTMENT		21101101101	Revised 10-1-73			
. ** *** *******	O L CONSERVATION DIVISION					
DATA / T		W MEXICO 87501	್ರ -			
	SANIA PELAEV	WEXICO 87301				
V.1.a.1,		ARIES S	en e			
LAND OFFICE	REQUEST FOR	R ALLOWABLE	- 1			
TRANSPORTER GAS V		NO .				
OPERATOR V	AUTHORIZATION TO TRANSI	PORT OIL AND NATURAL GAS-				
Operator	,	· · · · · · · · · · · · · · · · · · ·				
Mesa Petroleum Co. $ec{oldsymbol{ec{ec{ec{ec{v}}}}}$						
Address						
P.O. Box 2009 / Amaril	lo, Texas 79189					
Keeson(s) for tiling (Check proper box,	,	Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion		Dry Cos U				
Change In Ownership	Casinghed Gas Conder	nade (2)				
If change of ownership give name						
and address of previous owner	· · · · · · · · · · · · · · · · · · ·					
DESCRIPTION OF WELL AND '	Well No. Pool Name, Including F	ormation Kind of Lage	Lease No.			
STANCEL FEDERAL COM	4 Pecos Slope Al	BO Siete Feder	14982			
Location						
	Feet From The North Lin	ne and 990 Feet From	The East			
Unit Letter A : 660						
Line of Section 23	mahip 55 Range 2	24E , NMPM.	Chaves County			
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of Ct.	or Condensate X	Address (Give address to water appro				
Permian Corporation		P.O. Box 1183 / Housto				
Name of Authorized Transporter of Cas		ļ				
Transwestern Pipeline		P.O. Box 2521 / Houst	on. Texas 77001			
If well produces oil or liquids,	Unit Sec. Twp. Ree.	Yes	9-21-82			
give location of tanks.	A 23 5 24					
	th that from any other lease or pool,	give commingling order numbers				
COMPLETION DATA	O i Well Gas well	New Well Workover Deepen	Plug Book Same Resty. Ottle Rest			
Designate Type of Completion	$p_n = (X)$		1			
Date Spudded	Date Compl. Recay to Prod.	Total Depth	P.3.T.D.			
•						
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
			Depth Casing Shoe			
Periorations			Depth Gashing Shor			
		2505050505				
		D CEMENTING RECORD	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	UEF TRUE				
	1					
	1					
	<u>; </u>					
TEST DATA AND REQUEST FO	OR ALLOWARIE Centrumber	fer recovery of total volume of load oil	and must be equal to or exceed top allo			
OIL WELL	able for this de	epth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ift, etc.)			
			Choxe Size			
Length of Teet	Tubing Pressure	Casing Pressure	Citate Site			
		Watet - Bbis.	Gas - MCF			
Astual Prod. During Test	CH-BMA.	Wdiet - Bbis.				
		<u> </u>				
GAS WELL	Length of Teet	Bbis. Condensets/MMCF	Gravity of Condensate			
Asted Prod. 1001-MC7/D	24.19.11.01.124					
Testing Method (pitot, back pr.)	Tubing Preseu + (Shot-in)	Cosing Pressure (Shut-15)	Choke Size			
CERTIFICATE OF COMPLIANS		OIL CONSERVA	TION DIVISION			
CLAIL TOXIE OF COMPERMY		JAN 2 6	1983			
I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED Only of the Co				
Division have been compiled with	and that the information given	11	Series			
shave is true and complete to the	best of my knowledge and beitel.	Successor Sist	ect A			
XC: NMOCD-A (O+5) CEN R	CDS, ACCTO, ENG.	TITLE 50000 1801 2081				
DEM (ETTE)		This form is to be filed in	compliance with BULE 1104,			
REM (FILE) R. P. 1	Vand	If this is a request for allo	wable for a newly drilled or deepend			
	· · · · · · · · · · · · · · · · · · ·		eniait hy a tabulation of the Cuviath			

REM	(FILE)	R	€.	W	land	
	(Signature)					
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REGULATORY COORDINATOR

(Tille) 1-11-83 (Date)

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with MULE 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 conditions. Separate Forms C-104 must be filed for each pool in multiple completed wells.