

OIL CONSERVATION DIVISION

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

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JAN 15 1982

O. C. D.  
ARTESIA, OFFICE

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

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

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:
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

DESCRIPTION OF WELL AND LEASE

Lease Name Hobbs Federal	Well No. 2	Pool Name, Including Formation Pecos Slope Undesignated Abo	Kind of Lease State, Federal or Fee	Lease NM-36410
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 8 Township 6South Range 25 East, NMPM, Chaves Co.				

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; 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 Sec. Twp. Rge. Is gas actually connected? When
C 8 6S 25E	No

If 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
		X	X					
Date Spudded 12/8/81	Date Compl. Ready to Prod. 1/4/82	Total Depth 4202'	P.B.T.D. 4027'					
Elevations (DF, RKB, RT, GR, etc.) 4092' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3722'	Tubing Depth 3628'					
Perforations 3722'---4077'	Depth Casing Shoe 4200'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	878'	300 HLW/300 THXST/300
12-1/4"	8-5/8"	1783'	700 HLW/300 THXST/300
7-7/8"	4-1/2"	4200'	500 "C"
	2-3/8"	3628'	-----

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 1414	Length of Test 4 hrs.	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 950	Casing Pressure (Shut-in) 925	Choke Size -----

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: NMOCD(6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, CTY, EEB, TW, K, REM, LMC, PARTNERS, FILE, D&M

Cathy Hilderson  
(Signature)

Production Records Analyst  
(Title)

1/13/82  
(Date)

OIL CONSERVATION DIVISION

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

Original Signed By  
BY \_\_\_\_\_  
Supervisor District II

TITLE \_\_\_\_\_  
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 dev 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 cond Separate Forms C-104 must be filled for each pool in mu