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O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	<input checked="" type="checkbox"/>
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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"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
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"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name HORSE CREEK COM	Well No. 1	Pool Name, Including Formation PECOS SLOPE ABO	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u>				
Line of Section <u>11</u> Township <u>5 SOUTH</u> Range <u>24 EAST</u> , NMPM, <u>CHAVES</u> County				

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 CO	P O BOX 1558 BRECKENRIDGE 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.	Is gas actually connected? <u>no</u> <u>yes</u> When <u>10-14-82</u>

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. Res'v.
		X	X					
Date Spudded 12-18-81	Date Compl. Ready to Prod. 1-23-82	Total Depth 4093'	P.B.T.D. 4041'					
Elevations (DF, RKB, RT, GR, etc.) 3885' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3540'	Tubing Depth 3532'					
Perforations 3540' --- 3680'			Depth Casing Shoe 4090'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	699'	700/300/300/150
12 1/4"	8 5/8"	1752'	750/300/300
7 7/8"	4 1/2"	4090'	500
	2 3/8"	3532'	

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
985	4 HOURS	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	890	875	-

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

R. P. [Signature]
(Signature)

REGULATORY COORDINATOR

(Title)

FEBRUARY 12, 1982

(Date)

OIL CONSERVATION DIVISION

OCT 19 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 deepened well, this form must be accompanied by a tabulation of the deviation 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.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

OCT 18 1982

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE October 15, 1982

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

Horse Creek Com.
Lease

Well #1 - Unit Letter ^B Unknown
Well Unit

11-5S-24E, Chaves County
S.T.R.

Pecos Slope (Abo)
Pool

Transwestern
Name of purchaser

was made on October 14, 1982

Transwestern Pipeline Company
Company

 H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe