

JAN 21 1983

O. C. D.  
ARTESIA OFFICE

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
INFORMATION OFFICE	

I. Operator  
Mesa Petroleum Co. ✓

Address  
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERRENDO	Well No. 1	Pool Name, including Formation Wildcat ABO	Kind of Lease <del>State</del> <u>Federal</u> Fee	Lease No.
------------------------	---------------	---	--	-----------

Location

Unit Letter I ; 1980 Feet From The South Line and 990 Feet From The East

Line of Section 5 Township 10S Range 24E , NMPM, Chaves County

III. 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)
Permian Corporation	P.O. Box 1183 / Houston, Texas 77001
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: Aicklen	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
I 5 10 24	--

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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-D-A (O+5) CEN RCDS, ACCTG, ENG,  
REM (FILE)

R. E. Mott  
(Signature)  
REGULATORY COORDINATOR

(Title)  
1-11-83  
(Date)

OIL CONSERVATION DIVISION

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 deviate 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

OIL CONSERVATION DIVISION

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

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ARTIST OFFICE

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator  
Mesa Petroleum Co. ✓

Address  
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERRENDO	Well No. 1	Pool Name, including Formation Wildcat ABO	Kind of Lease <del>State</del> <del>Federal</del> <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>10S</u> Range <u>24E</u> , NMPM, <u>Chaves</u> County				

III. 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)
Permian Corporation	P.O. Box 1183 / Houston, Texas 77001
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: Aicklen	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
I 5 10 24	--

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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-D-A (0+5) CEN RCDS, ACCTG, ENG,  
REM (FILE)

(Signature)  
REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1194.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

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

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

Form C-104 must be filed for each pool in multi-

OIL CONSERVATION DIVISION

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

RECEIVED

JAN 21 1983

O. C. D.

ADMIN. OFFICE

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

Operator Mesa Petroleum Co.	
Address P.O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERRENDO	Well No. 1	Pool Name, Including Formation Wildcat ABO	Kind of Lease <del>State</del> <u>Federal</u> Fee	Lease No.
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>10S</u> Range <u>24E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. Attn: Aicklen	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 I	Sec. 5
	Twp. 10	Rge. 24
	Is gas actually connected? <u>When</u> --	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
OIL WELL 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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. 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-D-A (0+5) CEN RCDS, ACCTG, ENG,  
REM (FILE)

(Signature)  
REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.

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

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

JAN 21 1983

O. C. D.  
ARTESIA OFFICE

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

DATE OF FILING	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

I. Operator  
Mesa Petroleum Co.

Address  
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERRENDO	Well No. 1	Pool Name, Including Formation Wildcat ABO	Kind of Lease <del>State</del> <del>Federal</del> <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>5</u> T. <u>10S</u> Range <u>24E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. Attn: Aicklen	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>I</u> Sec. <u>5</u> Twp. <u>10</u> Rge. <u>24</u>	Is gas actually connected? <u>When</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

VI. 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)

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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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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XC.: NMOC-D-A (0+5) CEN RCDS, ACCTG, ENG,  
REM (FILE)

R. G. Mott  
(Signature)  
REGULATORY COORDINATOR

1-11-83  
(Date)

OIL CONSERVATION DIVISION

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 deviat tests taken on the well in accordance with RULE 111.  
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JAN 21 1983

O. C. D.  
ARTESIA, OFFICE

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

DATE OF FILING	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

I. Operator  
Mesa Petroleum Co.

Address  
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BERRENDO	Well No. 1	Pool Name, Including Formation Wildcat ABO	Kind of Lease <del>State Fee</del> <input checked="" type="checkbox"/> <del>State Fee</del>	Lease No.
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>10S</u> Range <u>24E</u> , NMPM, <u>Chaves</u> County				

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	Twp. 10	Rge. 24
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
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Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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GAS WELL

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XC: NMOC-D-A (O+5) CEN RCDS, ACCTG, ENG,  
REM (FILE)

REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

DATE OF COMPLETION	
DISTRIBUTION	
SALES	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator  
Mesa Petroleum Co.

Address  
P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
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Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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)

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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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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(Signature)  
REGULATORY COORDINATOR

(Title)  
1-11-83

(Date)

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit  
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Wildcat  
Bennett, Abe  
(GAS)  
96506