STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMEN	OIL CONSERVI	ATION DIVISION	Form C-104 Revised 10-1-78 RECEIVED		
()111 A IR UT 10 A 0 A M T A F U F ILE U.1.U.8.	rice		JAN 21 1983		
LAND OFFICE		R ALLOWABLE	0. C. D.		
	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS-	ARTESIA, OFFICE		
Mesa Petroleum Co.	1				
Acdress P.O. Box 2009 / Ama:	rillo, Texas 79189				
Reason(s) for filing (Check proper New Well	r boxj Change in Transporter ol:	Other (Please explain)			
Recompletion	Oil Dry G Casinghead Gas Conde	an Denaate X			
If change of ownership give nat and address of previous owner,	ne .				
I. DESCRIPTION OF WELL A	ND LEASE				
Lease Name BERRENDO	Well No. Pool Name, Including F 1 Wildcat ABO	Formation Kind of Les			
Unit Letter I ;;	1980 Feet From The South Li	ne andFeet From	m TheEast		
Line of Section 5	T mahip 10S Range 2	4Е , ммрм,	Chaves County		
Neme of Authorized Transporter of		AS Address (Give address to which app P.O. Box 1183 / Houst	proved copy of this form is to be sent) on, Texas 77001		
Permian Corporation	of Casinghead Gas or Dry Gas 🔀		proved copy of this form is to be sentj		
Transwestern Pipelin If well produces oil or liquids,	ne Co. Attn: Aicklen Unut Sec. Twp. Rge. I 15 10 24	Is gas actually connected?	when		
sive location of tanks. If this production is commingle	ed with that from any other lease or pool	, give commingling order number:			
V. COMPLETION DATA Designate Type of Comp	Oil Well Gas Well	New Well Workover Deepen	Plug Boox Same Resty, Diff. Rest		
Designate Type of Comp	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, e	tc., Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
Perforations		Depth Casing Shoe			
		D CEMENTING RECORD	SACKS CEMENT		
HOLESIZE	CASING & TUBING SIZE				
. TEST DATA AND REQUES	TFOR ALLOWABLE (Test must be	after recovery of total volume of load	il and must be equal to or exceed top allo		
OIL WELL	able for this death or be for full 24 hours)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Pred. During Test	ОЛ-Вы.	Water-Bbls.	Gas - MCF		
L					
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitol, back pr.)	Tubing Pressure (Ehst-in)	Cosing Pressure (Sbut-12)	Choke Size		
I. CERTIFICATE OF COMPL	LIANCE	DIL CONSERV	ATION DIVISION		
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with and that the information given above is true and complete to the beat of my knowledge and belief. XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) (Signature) REGULATORY COORDINATOR (Tule) 1-11-83 (Doire)			APPROVED 19 BY TITLE		
		TITLE			
		This form is to be filed in compliance with RULE 1104.			
		well, this form must be account tests taken on the well in account to the second secon	well, this form must be accompanied by a tablistich of the device tests taken on the well in accordance with MULE 111.		
		able on new and recompleted	t it till and VI for changes of own		
		Fill out only Sections I. II. III, and VI for changes of own well manie or number, or transporter, or other such changes of conditi Separate Forms C-104 must be filed for each pool in multi			

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•151	STATE OF NEW MEXICO AGY AND MINERALS DEPARTMENT	OIL CONSERVA		Form C-104 Revised 10-1-78
		۳. O. DO SANTA FE, NEW	K 2088	RECEIVED
	P 1, F U 8, U 8,			IAN 0.1.1000
	LAND UPPICE	REQUEST FOR		JAN 21 1983
	0 46	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS-	O. C. D. ARTESIA OFFICIA
	Mesa Petroleum Co.			
	Address P.O. Box 2009 / Amarill	o, Texas 79189		
	Kesson(x) for filing (Check proper box) Now Well	Change in Transporter of:	Other (Please explain)	
	Recompletion		•	
	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	Kind of Leas	
	Lecation	Couth	990 -	East
	Unit Letter:	0 Feet From The South Line		
		nahip 10S Range 24		Chaves County
п.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which appro	
	Permian Corporation	tachead Cas or Dry Cas (X)	P.O. Box 1183 / Housto Address (Give address to which appro	
	Transwestern Pipeline C	o. Attn: Aicklen	P.O. Box 2521/Houston,	
	If well produces oil or liquids, give location of tanks.	Unii Sec. Twp. Rge. I 5 10 24	Is gas octually connected? W	
v	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		
• •	Designate Type of Completio	n = (X)	New Well Workover Deepen	Plug Beer Same Res'v. Diff. Res'
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Zievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
·	Perforationa			Depth Casing Shoe
		TUBING, CASING, ANI	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this di	after recovery of socal volume of load oi each or be for full 24 hours)	l and must be equal to or exceed top alle
	Dit WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	liji, etc.)
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	ОЛ-ВЫ.	Water-Bbls.	Gas - MCF
	GAS WELL	Length DI Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teating Wethod (publ. back pr.)	Tubing Pressure (Shat-in)	Cosing Pressure (Sbut-1m)	Choie Sixe
		CE		ATION DIVISION
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		A B B B B B B B B B B B B B B B B B B B		
		· []		
	XC: NMOCD-A (0+5) CEN D		TITLE	
REM (FILE) REMAINT This form is to be filed in comp If this is a request for allowable If this is a request for allowable		n compliance with RULE 1104.		
		If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken or the well in accordance with MULE 111.		
	REGULATORY COORDINATOR		- All sections of this form must be filled out completely for all able on new and recompleted wells.	
		1-83		II. III, and VI for changes of own order, or other such change of condit
	. (D	ctej	Caracta Forms C-104 m	unt to filed for onch pool in mult

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STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	ATION DIVISION	Form C-104 Revised 10-1-78	
P. O. D	ох 2008 СМ МЕХІСО 87501	RECEIVED	
	OR ALLOWABLE	JAN 21 1983	
18 ANSPORTER 01	AND	· :303	
A A DRATION OFFICE	SPORT OIL AND NATURAL GAS-	Althista, on tot	
Mesa Petroleum Co.		<u> </u>	
2.0. Box 2009 / Amarillo, Texas 79189			
Kesson(s) for filing (Check proper box) New Well Change in Transporter ol:	Other (Please explain)		
Recompletion Oil Dry			
Change in Oursering	densate X		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease	Lec	ase Na.
BERRENDO 1 Wildcat ABO	State & State	K 9 F ••	
Unit Letter I : 1980 Feet From The South	Line and 990 Feet From 7	n. East	
Line of Section 5 Tranship 10S Range	24Е , ммрм,	Chaves	County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
Nume of Authorized Transporter of Cil or Condensate X	Address (Give address to which appro-	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001	
Permian Corporation Nume of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
'Transwestern Pipeline Co. Attn: Aicklen	P.O. Box 2521/Houston,		
If well produces oil or liquide, Give location of tanks. I 15 10 24	ls gas actually connected?		
If this production is commingled with that from any other lease or po . COMPLETION DATA	ol, give commingling order number:		
Designate Type of Completion - (X)	New Well Workover Deepen	' Plug Back 'Same Res'v.' Di	II. Res
Date Spudded Date Compl. Ready to Prod.	Total Dopth	P.B.T.D.	
Devations (DF, RKB, RT, GR, etc.) Name of Froducing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations		Depth Casing Shoe	
TUBING, CASING,	AND CEMENTING RECORD		
HOLE SIZE CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	DEFINSE	SALKS CEMENT	
able for this	be after recovery of social volume of load oil		top all
TEST DATA AND REQUEST FOR ALLOWABLE (Test must l DIL WELL able for thi Dette First New Oil Bun To Tanks Date of Test		and must be equal to or exceed	tcp all
DIL WELL able for thi	be after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed	i cp all
DIL WELL able for the Date of Test	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas 1	and must be equal to or exceed	top all
DIL WELL able for thi Date First New Oil Bun To Tanks Date of Test t Length of Test Tubing Pressure	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas 1 Casing Pressure	and must be equal to or exceed ift, etc.) Choie Size	top all
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Pred. During Test Oil-Bhls.	be after recovery of total volume of load oil e depth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bbls.	and must be equal to or exceed ift, etc.) Choie Size	top all
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Pred. During Test Oil-Bble. GAS WELL Actual Pred. Test-MCF/D	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bbls. Bbls. Condenecte/MMCF	and must be equal to or exceed ift, etc.) Choke Size Gas-MCF Cravity of Condeneate	top all
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Pred. During Test Oil-Bhls.	De after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bbls. Bbls. Condenecte/MMCF Cosing Pressure (Sbot-1m)	and must be equal to or exceed ift, etc.) Choke Size Gas-MCF Gravity of Condeneate Choke Size	: cp all
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Pred. During Test Oil-Bble. GAS WELL Actual Pred. Test-MCF/D	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas 1 Coming Pressure Water-Bbls. Bbls. Condenacte/MMCF Coming Pressure (Sbot-in) OIL CONSERVA	and must be equal to pr exceed ift, etc.) Choke Size Gas-MCF Crovity of Condeneate Choke Size Choke Size TION DIVISION	
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Pred. During Test Oil-Bbls. GAS WELL Actual Pred. Test-MCF/D Length of Test Dile of Test Stual Pred. Test-MCF/D Length of Test Testing Method (pitol, back pr.) Tubing Pressure (Ebut-in)	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Cosing Pressure (Sbot-1m) OIL CONSERVA APPROVED	and must be equal to or exceed ift, etc.) Choke Size Gas-MCF Chote Size Chote Size TION DIVISION 	
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Pred. During Test Oil+Bbls. GAS WELL Actual Pred. Test-MCF/D Length of Test Dile of Test Actual Pred. During Test Oil+Bbls. Casting Method (pirot, back pr.) Tubing Pressure (Ebut-in) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservat Division have been complied with and that the information given at box is true and complete to the best of my knowledge and beli	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Cosing Pressure (Sbot-1m) OIL CONSERVA APPROVED	and must be equal to or exceed ift, etc.) Choixe Size Gas-MCF Choixe Size Choixe Size TION DIVISION , 19	
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Prod. During Test Oil-Bbls. GAS WELL Actual Prod. During Test Actual Prod. Test-MCF/D Length of Test Setting Method (pitol, back pr.) Tubing Pressure (Ebut-in) I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservat Division have been complied with and that the information given at ave is true and complete to the best of my knowledge and bell XC: XC: NMOCD-A (O+5) CEN RCDS, ACCTG, ENG, DEM (ETLE)	De after recovery of total volume of load oil a depth or be for full 24 hours) Producting Method (Flow, pump, gas l Casing Pressure Water-Bbls. Water-Bbls. Dill CONSERVA Ion ief. BY	and must be equal to or exceed ift, etc.) Choie Size Gas-MCF Cravity of Condeneate Chote Size TION DIVISION 	>4.
OIL WELL able for thi Date First New Oil Run To Tarks Date of Test Length of Test Tubing Pressure Actual Prod. During Test Oil-Bbls. GAS WELL Actual Prod. During Test Actual Prod. During Test Oil-Bbls. Gas WELL Length of Test Actual Prod. Test-MEF/D Length of Test Testing Method (pirol, back pr.) Tubing Pressure (chut-in) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservat Division have been complied with and that the information given et ave is true and complete to the best of my knowledge and bell XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) Actual File Actual Complete According to the Diference of the Complete According to the Diference of the Complete According to the Diference of th	be after recovery of total volume of load oil a depth or be for full 24 hours) Producing Method (Flow, pump, gas l Casing Pressure Water-Bbls. Water-Bbls. Bbls. Condenecte/MMCF Cosing Pressure (Ebot-1B) OIL CONSERVA APPROVED TITLE This form is to be filled in If this is a request for sille	and must be equal to or exceed ift, etc.) Choixe Size Gas-MCF Choixe Size Choixe Size TION DIVISION 	24. deeps
OIL WELL able for thi Date First New Oil Bun To Tanks Date of Test Length of Test Tubing Pressure Actual Prod. During Test Oil-Bbls. GAS WELL Actual Prod. During Test Actual Prod. Test-MCF/D Length of Test Setting Method (pitol, back pr.) Tubing Pressure (Ebut-in) I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservat Division have been complied with and that the information given at ave is true and complete to the best of my knowledge and bell XC: XC: NMOCD-A (O+5) CEN RCDS, ACCTG, ENG, DEM (ETLE)	De after recovery of total volume of load oil a depth or be for full 24 hours) Producting Method (Flow, pump, gas l Casing Pressure Water-Bbls. Water-Bbls. Dill CONSERVA Ion APPROVED	and must be equal to or exceed ift, etc.) Choie Size Gas-MCF Choie Size Choie Size Choie Size TION DIVISION 	deepe devie
OIL WELL able for thi Date First New Oil Run To Tanks Date of Test I Length of Test Tubing Pressure Actual Pred. During Test Oil-Bble. GAS WELL Actual Pred. During Test Actual Pred. During Test Oil-Bble. Gas weithed (pirol, back pr.) Length of Test Testing Method (pirol, back pr.) Tubing Pressure (funt-in) CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservat Division have been complied with and that the information given at ove is true and complete to the best of my knowledge and beling XC: XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) Affiliant (FILE) Affiliant (Signature)	De after recovery of total volume of load oil a depth or be for full 24 hours) Producting Method (Flow, pump, gas l Casing Pressure Water-Bbls. Water-Bbls. Dill CONSERVA Ion APPROVED TITLE This form has to be filled in If this is a request for alle well, this form must be accom; test taken on the well in acc All sections of this form musted	and must be equal to or exceed ift, etc.) Choke Size Crowity of Condeneate Choke Size Choke Size Choke Size THON DIVISION 	A. despe devie for ell of ow

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STATE OF NEW MEXICO	OIL CONSERV	TION DIVISION	Form C-104 RECEIVED0-1-78				
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		·	0. C. D				
TRANSPORTER OIL		R ALLOWABLE	ARTESIA, CANCE				
OPENATOR	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS-					
Mesa Petroleum Co.							
Address P.O. Box 2009 / Amar	illo, Texas 79189						
Keason(s) for filing (Check moper	boxj Change in Transporter of:	Other (Please explain)					
New Well		••					
Change in Ownership	Casingheod Cas Conde	insate X					
If change of ownership give nar and address of previous owner_			· · · · · · · · · · · · · · · · · · ·				
11. DESCRIPTION OF WELL A!	ND LEASE. Well No. Pool Name, Including F	Formation Kind of Lea	Louse No.				
BERRENDO	1 Wildcat ABO	x993%x7778	sex se Fee				
Location	1080 South	pe and 990 Feet From	East				
Unit Letter;;;		·····					
Line of Section 5	T. mship 105 Range 2	4Е , ммрм,	Chaves County				
II. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS Address (Give address to which app	roved copy of this form is to be sent)				
Permian Corporation		P.O. Box 1183 / Houst					
Name of Authorized Transporter o		P.O. Box 2521/Houston,	proved copy of this form is to be sent) Texas 77001				
Transwestern Pipelir	Unit Sec. Twp. Rge.	Is gas actually connected?	when				
give location of tanks.	I 15 10 24	<u> </u>					
If this production is commingle V. COMPLETION DATA	d with that from any other lease or pool	, give commingling order number:	Plug Book Same Resty, Dill. Res				
Designate Type of Comp	letion = (X)						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF. RKB, RT. GR. es	c., Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth				
Perforations	Perforations Depth Casing Shoe						
	TUBING, CASING, AF	ND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
Z. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of social volume of load	oil and must be equal to presceed top all				
OIL WELL	able jor this	depth or be for full 24 hours) Producing Method (Flow, pump, gas	s lift, etc.)				
		Casing Pressure	Choze Size				
Length of Test	Tubing Pressure						
Actual Pred. During Test	ОЛ-БЫА.	Waiet-Bbls.	Gas • MCF				
			l				
GAS WELL	Length of Test	Bbis. Condenente/MMCF	Gravity of Condensate				
Testing Method (pitor, back pr.)	Tubing Presewe (Shat-in)	Cosing Pressure (Shot-in)	Choke Size				
			/ATION DIVISION				
 CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 			• .				
			. 19				
•		<u> </u>					
XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) (Signal (4)) REGULATORY COORDINATOR		This form is to be filed in compliance with MULE 1104. If this is a request for sllowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the wall in accordance with MULE 111. All sections of this form must be filled out completely for al					
					(Tule)	able on new and recompleted	3 welle.
					1-11-83	Fill out only Sections well name or minibar, or trans	1, 11, 111, and VI for changes of own porter, up other such change of condit
1-11-83 (Dete)		Fill out only bertions I, it, it, and the such change of condu- well name or number, or transporter, or other such change of condu- Constants borns C-104 must be filed for each pont in mult					

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131:]	STATE OF NEW MEXICO	OIL CONSERVA	TION DIVISION	Form C-104 Revised 10-1-78 RECEIVED
		P. O. DO SANTA FE, NEW		JAN 21 1093
	U 8.U. 8.		·	
	LAND UPFICE DIL		R ALLOWABLE	O. C. G.
ι.	0+(nat-0n 1 ADRATION 0+1+CE Operator	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS-	ARTESIA, GARICE
	Mesa Petroleum Co.			
	P.O. Box 2009 / Amaril			
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter al: Oil Dry Ga Casinghead Gas Conder		
1	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·	
	BERRENDO	Well No. Pool Name, Including F 1 Wildcat ABO	ormation Kind of Leas	
	Unit Letter I ; 198	BO Feel From The South Lir	ne and990 Feet From	The East
	Line of Section 5 T.	mship 10S Range 24	4Е , ммрм.	Chaves County
11.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Addiess (Give address to which appro	oved copy of this form is to be sent)
	Permian Corporation		P.O. Box 1183 / Housto	
	Name of Authorized Transporter of Car Transwestern Pipeline (P.O. Box 2521/Houston,	
	If well produces oil or liquida, give location of tanks.	Unit Sec. Twp. Rge. I 15 10 24		hen
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:	
V.	COMPLETION DATA Designate Type of Completion	OII Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res
	Designate Type of Completing	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Zievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
•	Perforations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			1	
	l			
7.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of iotal volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump. 203	lift, etc.)
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size
	Artual Pred. During Test	Оп-Выя.	Walet-Bbis.	Gas - MCF
	GAS WELL	Longin of Toal	Eble. Condenecte/AMCF	Gravity of Condensate
	Testing Method (pitol, back pr.)	Tubing Presews (Ehst-in)	Coming Pressure (Sbat-10)	Choto Size
	CERTIFICATE OF COMPLIAN	CE		ATION DIVISION
	with the state of the state of the state			
	I hereby certify that the rules and regulations of the Oll 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-A (0+5) CEN 1		TITLE	
	REM (FILE) & GMart		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeps	
	(Sign	nature)	If this is a request for allowable for a newly diffied of deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with MULE 111.	
		EY COORDINATOR	- All sections of this form r able on new and recompleted	nust be filled out completely for all
	1-1	1-83	Fill out only Sections I. well manie or miniber, or transp	II, III, and VI for changes of own order, or other such change of condit
	. 10	,	Severale Louis C-104 m	ust to filed for soch pool in mult

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•155	ETATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT			Form C-104 Revised 10-1-78	
ſ	••• •• •••••	OIL CONSERVA			
		SANTA FE, NEW			
ł	LAND OFFICE	REQUEST FOR	ALLOWABLE		
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-				
I. I ADMATION OFFICE					
	Mesa Petroleum Co.				
	P.O. Box 2009 / Amarille	o, Texas 79189			
	Keeson(s) for filing (Check proper box)	Change in Transporter ol;	Other (Please explain)		
	New Well	OII Dry Gos			
	Change in Ownership	Casingheod Gas Condens	sale X		
	If change of ownership give name and address of previous owner	·		·	
11.	DESCRIPTION OF WELL AND L	EASF. Well No. Pool Name, Including For	rmation Kind of Lease	Louse No.	
	BERRENDO	1 Wildcat ABO	xStatax Rodatek	<u>x</u> F	
	Licention I . 1980	Feet From The South Line	and 990 Feet From T	⊾ East	
				Chaves County	
	Line of Section 5 T. AT	nship 10S Range 24	Е, мири,	Chaves county	
11.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Permian Corporation		P.O. Box 1183 / Houston Address (Give address to which approv	, Texas 77001	
	Name of Authorized Transporter of Cast Transwestern Pipeline Co	1	P.O. Box 2521/Houston, 7	Texas 77001	
	If well produces oil or liquids,	Unit Sec. Twp. Rge. I 15 10 24	Is gas octually connected?	n	
		a that from any other lease or pool, a	give commingling order number:		
v.	COMPLETION DATA	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Rest	
	Designate Type of Completion		Tabl Dark	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Dopth		
	Eievaticas (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
•	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			!		
2.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fier recovery of ioial volume of load oil pih or be for full 24 hours)	and must be equal to or exceed top alli	
	DIL WELL Date First New Oll Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)	
		Tubing Pressure	Casing Pressure	Choie Size	
	Length of Test		i wgiet - Bbis.	Gar-MCF	
	Actual Prod. During Test	01-вы.	Weler- Bols.		
	CAS WELL	Longth of Tool	Ebls. Condensate/MMCF	Cravity of Condensate	
	Tealing wethod (pilol, back pr.)	Tubing Presews (funt-in)	Casing Piessure (Sbat-in)	Chot • Siz •	
	CERTIFICATE OF COMPLIAN	<u> </u>	OIL CONSERVA	TION DIVISION	
•			APPROVED		
	I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		.BY		
	XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG,		TITLE		
REM (FILE) & F Mart		and .	This form is to be filed in compliance with FULE 1104. If this is a request for sllowable for a newly drilled or dea		
	(Sign	aiwe)	well, this form must be accompanied by a replation of the bevilt tests taken on the well in accordance with RULE 111.		
		RY COORDINATOR	All excitons of this form m	ust he filled out completely for all valle.	
	1-1	1-83	Fill out only Sections 1. well name or number, or transpo	II. III, and VI for changes of own stee, or other such change of condit	
(Dale)			Well name of number, of the plan the filed for each pool in mult		

Wildcar Berrendo; Abc CGAS) 96506