

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

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FEB 15 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
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, TEXAS 79701-4493	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name COYOTE FEDERAL	Well No. 7Y	Pool Name, including Formation PECOS SLOPE ABO	Kind of Lease State <u>Federal</u> or Fee NM	Lease No. 27970
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>760</u> Feet From The <u>EAST</u> Line of Section <u>5</u> Township <u>7 SOUTH</u> Range <u>25 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"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 1558, BRECKENRIDGE TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO. (ATTN AIKLEN)	Address (Give address to which approved copy of this form is to be sent) P O BOX 2521 HOUSTON TX 77001
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>5</u> Twp. <u>7</u> Rge. <u>25</u> Is gas actually connected? <u>NO</u> <u>YES</u> When <u>10/18/82</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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 12-11-81	Date Compl. Ready to Prod. 1-18-82	Total Depth 4113'	P.B.T.D. 4034'					
Elevations (DF, RKB, RT, GR, etc.) 3869' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3633'	Tubing Depth 3534'					
Perforations 3633' --- 3823'	Depth Casing Shoe 4025'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	903'	700/300/300/700
12 1/4"	8 5/8"	1815'	750/300/300/600
7 7/8"	4 1/2"	4025'	500
	2 3/8"	3534'	

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 675	Length of Test 4 HOURS	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (prior, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 815	Casing Pressure (Shut-in) 790	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, LAND, CTY, EEB, TW, K, D&M, LMC, REM, PARTNERS, FILE

R.F. Mark
(Signature)

REGULATORY COORDINATOR

(Title)

FEBRUARY 12, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 26 1982, 10BY Original Signed By
Leslie A. ClementsTITLE 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 Form C-104 must be filed for each pool in multiply completed wells.