

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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FEB 15 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-O. C. D.
ARTESIA, OFFICE

NO. 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	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

MESA PETROLEUM CO. /

Address
1000 VAUGHN BUILDING/MIDLAND, TEXAS 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CHARLOTTE FED	3	UNDESIGNATED ABO	State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee NM	16324
Location				
Unit Letter	B	660 Feet From The	NORTH Line and	1980 Feet From The
				EAST
Line of Section	30	T. enship	7 SOUTH	Range
				26 EAST
				NMPM, CHAVES
				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 COMPANY	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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	30	7	26	NO	12-15-82

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-15-82	2-10-82	4354'	4069'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3588' GR	ABO	3879'	3773'					
Perforations	Depth Casing Shoe							
3879'---3971'	4350'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	848'	700/300/300
12 1/4"	8 5/8"	1862'	750/300/300
7 7/8"	4 1/2"	4350'	650
	2 3/8"	3773'	

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
1302	4 HOURS	-	-
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	915	835	18/64

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, MEC,
LAND, CTY, EEB, TW, K, D&M, LMC, REM, PARTNERS,
FILER P Mark
(Signature)

REGULATORY COORDINATOR

(Title)

FEBRUARY 12, 1982

(Date)

OIL CONSERVATION DIVISION
OCT 26 1982

APPROVED _____, 19____

Original Signed By

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 deviatu
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able 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
Form C-104 must be filled for each pool in multiple

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

OCT 25 1982

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE October 20, 1982

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Mesa Petroleum Co. ✓

Operator

Charlotte-Federal

Lease

Well #3-Unit Letter ⁶unknown
Well Unit

30-7S-26E, Chaves County

S.T.R.

Undersigned (Abo)
Pool

Transwestern

Name of purchaser

was made on October 15, 1982

Transwestern Pipeline Company
Company



H. N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe