

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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: <input type="checkbox"/>
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"/>

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name WESTERN COM	Well No. 1	Pool Name, including Formation PECOS SLOPE ABO	Kind of Lease State, Federal or <u>Fee</u>	Lease
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>19</u> Township <u>6S</u> Range <u>25E</u> , NMPM, <u>CHAVES</u> Co.				

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)
<del>KOCH OIL COMPANY</del>	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
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>M</u> Sec. <u>19</u> Twp. <u>6S</u> Rge. <u>25E</u>	<u>NO</u> <u>5-1-82</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. F
		X	X					
Date Spudded 2-12-82	Date Compl. Ready to Prod. 3-31-82	Total Depth 4150'	P.B.T.D. 3842'					
Deviation (DF, RKB, RT, CR, etc.) 3809' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3362'	Tubing Depth 3540					
Perforations 3410' --- 3742'	Depth Casing Shoe 3913'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	902'	700/300/300/500
12 1/4"	8 5/8"	1750'	700/300/1425
7 7/8"	4 1/2"	3913'	340
	2 3/8"	3540	

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  
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

AS WELL

Actual Prod. Test-MCF/D CAOF = 390	Length of Test 1 HOUR	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 629	Casing Pressure (Shut-in) 497	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,  
MEC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE,  
(PARTNERS)

R. P. Mathis  
(Signature)

REGULATORY COORDINATOR  
(Title)

4-26-82  
(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 deep  
well, this form must be accompanied by a tabulation of the devi  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of o  
well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in mu