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APR 29 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

Operator
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)

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)
<u>KOCH OIL COMPANY</u>	<u>P.O. BOX 1558, BRECKENRIDGE, TX 76024</u>
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)
<u>TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)</u>	<u>P.O. BOX 2521, HOUSTON, TX 77001</u>
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>M 19 6S 25E</u> <u>NO</u> <u>5-29-82</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
		<u>X</u>	<u>X</u>					
Date Spudded <u>2-12-82</u>	Date Compl. Ready to Prod. <u>3-31-82</u>	Total Depth <u>4150'</u>	P.B.T.D. <u>3842'</u>					
Deviation (DF, RKB, RT, CR, etc.) <u>3809' GR</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>3362'</u>	Tubing Depth <u>3540'</u>					
Perforations <u>3410' --- 3742'</u>	Depth Casing Shoe <u>3913'</u>							

TUBING, CASING, AND CEMENTING RECORD

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

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 <u>CAOF = 390</u>	Length of Test <u>1 HOUR</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>BACK PRESSURE</u>	Tubing Pressure (Shut-in) <u>629</u>	Casing Pressure (Shut-in) <u>497</u>	Choke Size <u>-</u>

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 JUN 14 1982, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District #
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 dev tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filled for each pool in multi-

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

JUN 06 1983

O. C. D.
ARTESIA, OFFICE

Received

JUN 06 1983

Regulatory

NOTICE OF GAS CONNECTION

DATE May 31, 1983

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

Western Com.

Lease

In
#1 - Unit Letter ~~Unknown~~

Well Unit

19-6S-25E, Chaves County

S.T.R.

Rico S. Lopez

~~Undesignated~~ (Abo)

Pool

Transwestern

Name of Purchaser

was made on May 24, 1983

Transwestern Pipeline Company
Company

A. K. Berdy

A. K. Berdy

Representative

Jr. Analyst Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501