

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED Form C-104
Revised 10-1-78

JAN 20 1983

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

1. REGISTRATION OFFICE	
Operator Mesa Petroleum Co. ✓	
Address P.O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
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 checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHARLOTTE FEDERAL	Well No. 2	Pool Name, including Formation Pecos Slope ABO	Kind of Lease State Federal Other NM	Lease 16324
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>500</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>7S</u> Range <u>26E</u> , NMPM, Chaves Co.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co. Attn: Aicklen	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521/Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 17
	Twp. 7	Rge. 26
	Is gas actually connected? When yes 10-15-82	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

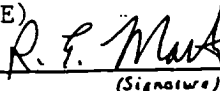
VI. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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: NMOC-D-A (O+5) CEN RCDS, ACCTG, ENG,
REM (FILE)
(Signature)

REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 21 1983, 19_____
Original Signed By
BY Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1194.

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
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of a
well name or number, or transporter, or other such change of condSeparate forms C-104 must be filed for each pool in mu
completed wells.