

APR 29 1982

O. C. D.
ARTESIA, OFFICE

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DISTRIBUTION	
ANTA FE	<input checked="" type="checkbox"/>
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AND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	Dry Gas <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 SPRING FED COM	Well No. 3	Pool Name, Including Formation UNDESIGNATED ABO	Kind of Lease State <u>Federal</u> or Fee NM	Lease 32167
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u>				
Line of Section <u>4</u> Township <u>6S</u> Range <u>26E</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)
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
Well produces oil or liquids, give location of tanks.	Is gas actually connected? When <u>11-3-82</u>
Unit <u>M</u> Sec. <u>4</u> Twp. <u>6S</u> Rge. <u>26E</u>	<u>NO</u>

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 3-2-82	Date Compl. Ready to Prod. 4-10-82	Total Depth 4450'	P.B.T.D. 4374'					
Deviation (DF, RKB, RT, GR, etc.) 3641' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3653' 3733	Tubing Depth 3626'					
Perforations 3733' --- 4330'	Depth Casing Shoe 4442'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	844'	700/200
12 1/4"	8 5/8"	1709'	700/300
7 7/8"	4 1/2"	4442'	380
	2 3/8"	3626	

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 968	Length of Test 4	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1025	Casing Pressure (Shut-in) 980	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: NMCD (6), TLS, CEN RCDS, ACCTG, ROSWELL,
MEC, LAND, D&M, LMC, CTY, EEB, REM,K,TW,FILE,
MTS (3), (PARTNERS)

R. E. Mathis
(Signature)

REGULATORY COORDINATOR
(Title)

4-27-82
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 30 1982, 19
BY Mike Walker
TITLE OIL AND GAS INSPECTOR

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 filled for each pool in mu

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

NOV 8 1982

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE November 4, 1982

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

Operator

Spring-Federal Com.,
Lease

Well #3-Unit Letter ~~unknown~~
Well Unit

4-6S-26E, Chaves County
S.T.R.

Descon & Co.
Undesignated (Abo)
Pool

Transwestern
Name of purchaser

was made on November 3, 1982

Transwestern Pipeline Company
Company

H. N. Aicklen
Representative H. N. Aicklen

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe