Hald for notice A A A Com.

STATE OF NEW MEXICO HENGY AND MINEHALS DEPARTMENT CHERINGTION FANTA FR FILE U.S.U.S. LAND OFFICE INAMIPONTER OFFICE CONTRACTOR OFFICE	P. O. DO SANTA FE, NEV REQUEST FO	W MEXICO 87501 R ALLOWABLE ND	AUG 9 1982	10-1-78
MESA PETROLEUM CO.				
1000 VAUGHN BUILDI	NG/MIDLAND, TEXAS 79701-4	493	AUG 1 0 1982	
Reason(s) for filing (Check proper b) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G Casinghead Gas Conde		ARTESIA, OFFICE	
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL ANI Lease Name BADGER COM Location Unit Letter P;	<u>D.L.E.ASF</u> Well No. Pool Name, Including F <u>3</u> -UNDES-PECOS 660 Feet From The <u>SOUTH</u> Lit	SLOPE ABO Stat	d ol Lease e, Federal o <b>Fee</b> eet From The <u>EAST</u>	Lease N
Line of Section 4 T	wnship 5S Range	25Е , ммрм,	CHAVES	Count
Name of Authorized Transporter of C KOCH OIL COMPANY Name of Authorized Transporter of C TRANSWESTERN PIPELIN If well produces oil or liquids, give location of tanks.	asinchead Cas or Dry Gas X E CO (ATTN: AIKLEN) Unit Sec. Twp. Rge. P 4 55 25	Address (Give address to wh P.O. BOX 1558, Address (Give address to wh P.O. BOX 2521, Is gas actually connected? NO	ich approved copy of this form is BRECKENRIDGE, TX 7 ich approved copy of this form is HOUSTON, TX 77001 when 1	6024
If this production is commingled v V. COMPLETION DATA	vith that from any other lease or pool,	· · · · · · · · · · · · · · · · · · ·	eepen Plug Back Same R	eaty Diff. Be
Designate Type of Complet	ion - (X) X	X		
Date Spudded 4-2-82	Date Compl. Ready to Prod. 8-4-82	Total Depth 4250	P.B.T.D. 39 4 <del>182</del>	70 980-
Elevations (DF, RKB, RT, GR, etc.) 3786' GR, 3798' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3733'	Tubing Depth 3648	
Perforations 3733' 3807'			Depth Casing Shoe 4238	
	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CE	MENT
HOLE SIZE		923'	700/200	
9 7/8"	8 5/8"	1798'	700/300	
/ //8"	<u>4 1/2</u> " 2 3/8"	4238'	800	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	1 3648 fier recovery of social volume of	i	exceed top al
OIL WELL Date First New Oil Bun To Tanks	able for this di Date of Test	pth or be for full 24 hours) Producing Method (Flow, pur		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	•
Actual Prod. During Test	С11- Бые.	Water-Bbls.	Gae+MCF	<u></u>
L		. <u> </u>	<u></u>	
GAS WELL Actual Prod. Tool-MCF/D CAOF=240	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensa	1.
Teeling Method (pilol, back pr.) BACK PRESSURE	Tubing Presewe(shat-in) 980	Casing Pressure (Shut-in) 975	Choxe Size	
1. CERTIFICATE OF COMPLIA		·····	SERVATION DIVISION	۹
Division have been complied with XC: MMOCD (6), TLS, CE MEC, LAND, D&M, LMC, C MTS (3), (PARTNERS (5) REGULATOR	regulations of the Oil Conservation th and that the information given be best of my knowledge and belief. N RCDS, ACCTG, ROSWELL, TY, EEB, REM,K,TW,FILE, Annual () Y COORDINATOR Tule) -6-82	BY TITLE This form is to be If this is a request well, this form must be tests taken on the well All sections of this able on new and recomp Title or folly. Section	inne 1 11 111 and VI for ch	LE 1104, lied or deepe of the devia 11. oletaly for all ances of ow
A DESCRIPTION OF A DESC	-0-02 Jate)	well name or number, or	transporter, or other such the 104 must be filed for each	ufferen courre

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uson(s) for filing (Check proper box) - Well	P. O. DO SANTA FE, NE REQUEST FC AUTHORIZATION TO TRANS // G/MIDLAND, TEXAS 79701-4 Change in Transporter of: OII Dry G	493 Oihei (Please explain) as .	AUG 1 0 1982 AUG 1 0 1982 AUG 1 0 1982 AUG 1 0 1982 AUG 1 0 1982 O. C. D. ARTESIA, OFFICE
ange in Ownership	Casingheod Gas Conde	nsole	
SCRIPTION OF WELL AND I ase Name BADGER COM cation Unit LetterP;66	UEASF. Well No. Pool Name, Including I 3 UNDES PECOS 00 Feel From The SOUTH Li	SLOPE ABO State, Fede	
Line of Section 4 T	mahip 5S Range	25Е , ммрм,	CHAVES County
SIGNATION OF TRANSPORT The of Authorized Transporter of Cill KOCH OIL COMPANY The of Authorized Transporter of Cast TRANSWESTERN PIPELINE Well produces off or liquids, relocation of tanks.	inchead Gas 🗌 or Dry Gas 🕎	Address (Give address to which app P.O. BOX 1558, BRE( Address (Give address to which app P.O. BOX 2521, HOUS 1s gas actually connected?	roved copy of this form is to be sent) <u>CKENRIDGE, TX 76024</u> roved copy of this form is to be sent) <u>STON, TX 77001</u> When
nis production is commingled with MPLETION DATA	h that from any other lease or pool,		
Designate Type of Completion	n — (X) Oil Well Gus Well X	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res
1e Spudded 4-2-82	Date Compl. Ready to Prod. 8-4-82	Total Depth 4250'	P.B.T.D. 3870 4187 3980
<sup>3vations</sup> (DF, RKB, RT, GR, etc.) 786' GR, 3798' RKB	Name of Producing Formation ABO	Top Oll/Gas Pay 3733'	Tubing Depth 3648'
3733' 3807'			Depth Casing Shoe 4238 <sup>†</sup>
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
14 3/4"	10 3/4"	923'	700/200
9 7/8"	8 5/8"	1798'	700/300
/ //8"	<u>4 1/2"</u> 2 3/8"	4238'	800
ST DATA AND REQUEST FO	RALLOWABLE (Test must be a		il and must be equal to or exceed top all
te First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lifi, etc.)
ngth of Test	Tubing Presaure	Casing Pressure	Choke Size
tual Prod. During Test	Cil-Bble.	watet-Bbls.	Gas+MCF
SWELL	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
CAOF=240	Length of Test 1	Bbls. Condensate/AMCF	Gravity of Condeneate
BACK PRESSURE	Tubing Presewe (Shut-in) 980	Casing Pressure (Sbut-1D) 975	Chote Size
RTIFICATE OF COMPLIANC	E		TION DIVISION
ision have been complied with Y: MMOCD (6), TLS, CEN IC, LAND, D&M, LMC, CTY IS (3), (PARTNERS (Signal)	bcet of my knowledge and belief. RCDS, ACCTG, ROSWELL, , EEB, REM,K,TW,FILE, <u>COORDINATOR</u> -82	APPROVED BY TITLE This form is to be filed in If this is a request for allowell, this form must be accomp tests taken on the well in acc All sections of this form m able on new and recompleted of Fill out only Sections I, well pages or pumber, or transpo	i compliance with RULE 1104, owable for a newly drilled or despen sented by a tabulation of the deviati ordance with RULE 111, hust be filled out completely for allo

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STATE OF NEW MEXICO Y AND MINERALS DEPARTMENT	OIL CONSERVAT P. O. BOX SANTA FE, NEW REQUEST FOR	2018 MEXICO 87501	AUG 9 1982
ANSPORTER 011	AND AUTHORIZATION TO TRANSPO	-	CIL & GAS
MESA PETROLEUM CO.			AUG. 1. 0. 1982
1000 VAUGHN BUILDING	/MIDLAND, TEXAS 79701-449	3	
ason(s) for filing (Check proper box) w Well completion ange in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Olher (Please esplain)	ARTESIA, OFFICE
hange of ownership give name address of previous owner		,	
SCRIPTION OF WELL AND I ase Name BADGER COM cation Unit Letter P : 66	Well No. Pool Name, Including For 3 UNDES PECOS SI	OPE ABO State, Feder	
Unit Letter ;	mahip 5S Range	25Е , ммрм,	CHAVES County
	CE3 OF OIL AND NATURAL GAS	Address (Give address to which appr	KENRIDGE, TX 76024
TRANSWESTERN PIPELINE		P.O. BOX 2521, HOUS	TON, TX 77001
well produces oil or liquide, e location of tanks.	P 4 5S 25E	NO	
nis production is commingled with MPLETION DATA	h that from any other lease or pool, g	rive commingling order number:	Plug Back Same Res'v. Dill. Res
Designate Type of Completic		X	
1e Spudded 4-2-82	Date Campi. Ready to Prod. 8-4-82	Total Depth 4250'	P.B.T.D. 3870 4182 3980
<sup>3vations</sup> (DF, RKB, RT, GR, etc.) <sup>2</sup> 86' GR, 3798' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3733'	Tubing Depth 3648'
3733' 3807'	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe 4238 <sup>†</sup>
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	923'	700/200
<u> </u>	8 5/8"	1798'	700/300
7 7/8"	4 1/2"	4238'	800
	2 3/8"	3648'	· · · · · · · · · · · · · · · · · · ·
ST DATA AND REQUEST F	able for this dep	och or be for full 24 hours)	il and must be equal to or exceed top all.
te First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	
ngth of Test	Tubing Piessure	Casing Pressure	Choke Size
tual Prod. During Test	Cil-Bhe.	Water - Bbls.	Gas - MCF
•		L	· · · · · · · · · · · · · · · · · · ·
S WELL Lugi Prod. Tool-MCF/D CAOF=240	Longth of Tool	Bbla. Condenante/MMCF	Gravity of Condensate
BACK PRESSURE	Tubing Presews (shut-in) 980	Casing Pressure (Sbat-in) 975	Choke Size
RTIFICATE OF COMPLIAN			ATION DIVISION
creby certify that the rules and regulations of the Oil Conservation ision have been complied with and that the information given is a true and complied to the best of my knowledge and belief. C, LAND, 06), TLS, CEN RCDS, ACCTG, ROSWELL, C, LAND, D&M, LMC, CTY, EEB, REM,K, TW, FILE, S (3), (PARTNERS		TITLE	n compliance with RULE 1104,
		well, this form must be accom tests taken on the well in ac	panied by a lebulation of the devi-th curdance with MULK 111.
(7	COORDINATOR	eble on new and recompleted	the till and VI for changes of own
	-6-82	wall name or number, or trainer	initer, or other such change of conditions in the filed for each post in multi-

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STATE OF NEW MEXICO Y AND MINUHALS DUPARTMENT OUTAINUTION NTATE Le Le Le La MID OFFICE MANFORTER OAA TRATON OFFICE	SANTA FE, NEV REQUEST FO	N MEXICO U R ALLOWABLE	97501 E			
MESA PETROLEUM CO.			<u> </u>	AUG	1 0 1982	·····
1000 VAUGHN BUILDING/N	AIDLAND, TEXAS 79701-44			0	C. D	
w Well Completion ange in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	•• []		esploin ARTES	A. OFFICE	
hange of ownership give name address of previous owner	<del></del>				· · · · · · · · · · · · · · · · · · ·	
SCRIPTION OF WELL AND LE BADGER COM	ASF Well No. Pool Name, Including F 3 UNDES PECOS			Kind of Lease State, Federal	(FI)	Lease No
Unit Letter P : 660	Feel From The <u>SOUTH</u> Lir	ne and <u>83</u>	0	Feet From T	heEAST	
Line of Section 4 T. anst	11p 5S Range	25E	, NMPM,		CHAVES	County
SIGNATION OF TRANSPORTE: The of Authorized Transporter of Cill KOCH OIL COMPANY The of Authorized Transporter of Casing TRANSWESTERN PIPELINE CO TRANSWESTERN PIPELINE CO	cr Condensate X head Gas or Dry Gas X ) (ATTN: AIKLEN) htt. Sec. Twp. Rge.	Address (Give o P.O. B Address (Give o P.O. B Is gas octually	OX 15 oddress 1 OX 25	58, BRECKI o which approved 21, HOUSTO		
re location of tanks,	P 4 58 251		<u>NO</u>			
MPLETION DATA Designate Type of Completion -	Oll Well Gas Well		orkover	Deepen	Plug Back Same Res'v	. Dill. Res
te Spudded Do	ate Compl. Ready to Prod.	Total Depth		_1	P.B.T.D. 38-	20
vations (DF. RKB. RT. GR. etc.) No	8-4-82	Top Oil/Gas Pa	<u>4250'</u> ''		41821 398 Tubing Depth	
'86' GR, 3798' RKB	AB0	<u> </u>	3733'		3648 <sup>1</sup> Depth Casing Shoe	
3733' 3807'					4238'	<u></u>
HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	1	PTH SE	······································	SACKS CEME	NT
9 7/8"	10 3/4"		923' 1798'		700/200	
7 7/8"	4 1/2"		4238'		<u>700/300</u> 800	
	2 3/8"	<u> </u>	3648'	i	·	
ST DATA AND REQUEST FOR	able for this de	fter recovery of to pth or be for full			nd must be equal to or exi	reed top all
te First New Oil Run To Tanks Da	te of Test	Producing Metho	od (Flow,	, pump, gas lift,	, etc.)	
ngth of Test Tu	bing Pressure	Casing Presewo	•		Choke Size	
tual Prod. During Test Ct	- jbls.	Water-Bbls.			Gas • MCF	· · · · · · · · · · · · · · · · · · ·
SWELL						
CAOF=240	ngih of Tesi 1	Bbis. Condensu	te/AdMCF		Gravity of Condensate	
BACK PRESSURE	bing Presewe (shut-in) 980	Casing Pressure	. •	in)	Chore Size	
RTIFICATE OF COMPLIANCE	300		975 DIL CC		 ON DIVISION	•
reby certify that the rules and regu- ision have been complied with and result to the been complete to the be in MOCD (6), TLS, CEN RC iC, LAND, D&M, LMC, CTY, iS (3), (PARTNERS (Signature REGULATORY CC (Tule) 8-6-8 (Dure)	d that the information given at of my knowledge and belief. DDS, ACCTG, ROSWELL, EEB, REM,K,TW,FILE,	APPROVED -BY TITLE This for If this for tests taken to All sect able on new Fill out well name of	m is to a a requ in must on the w ions of t and rec only S number,	te (i)ed in co est for allows be eccompani fell in accord this form musi ompleted wel ections 1, 11.	mpliance with RULE blo for a newly drilled led by a tabulation of ance with RULE 111, the filled out complete	or despro- the deviation of own of condition

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STATE OF NEW MEXICO Y AND MINCHALS DEPARTMENT	P. O. DO SANTA FE, NE REQUEST FO	ATION DIVISION DX 2000 W MEXICO 07501 R ALLOWABLE ND PORT OIL AND NATURAL GAS	AUG 9 1982
1000 VAUGHN BUTLDIN	G/MIDLAND, TEXAS 79701-4	403 Å	UG 1 0 1982
ason(s) for filing (Check proper box		Other (Please explain)	
well y completion ange in Ownership	Change in Transporter of: Oil Dry C Casinghead Gas Conde	••	O. C. D. RTESIA, OFFICE
hange of ownership give name address of previous owner			
SCRIPTION OF WELL AND BADGER COM	Well No. Pool Name, Including F		
cation	<u>  3   UNDES PECOS</u>	SLOPE ABO State, Feder	
Unit Letter P : 6	50 Feel From The SOUTH Li	ne and <u>830</u> Feet From	The EAST
Line of Section 4 T.	mahip 5S Range	25Е , ммрм,	CHAVES County
SIGNATION OF TRANSPOR The of Authorized Transporter of Cill KOCH OIL COMPANY The of Authorized Transporter of Can TRANSWESTERN PIPELINE well produces off or liquide, re location of tanks.	inchead Gas 📄 or Dry Gas 🕎	Address (Give address to which appr P.O. BOX 1558, BREC Address (Give address to which appr P.O. BOX 2521, HOUS Is gas actually connected?	KENRIDGE, TX 76024 oved copy of this form is to be sent;
	h that from any other lease or pool,		
MPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Dill. Res
te Spudded	Date Compl. Ready to Prod.	X Total Depth	
4-2-82	8-4-82	4250'	P.B.T.D. 3870 41827 3780
"vations (DF, RKB, RT, GR, etc.) "86" GR, 3798" RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3733'	Tubing Depth 3648'
3807'	L		Depth Casing Shoe
	TUBING CASING, AND	CEMENTING RECORD	4238'
HOLE SIZE	CASING & TUEING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	10 3/4"	923'	700/200
7 7/8"	4 1/2"	4238'	<u>700/300</u> 800
	2 3/8"	3648'	
ST DATA AND REQUEST FO		[ter recovery of total volume of load oil pth or be for full 24 hours)	l and must be equal to or exceed top all
te First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
			CLORE SITE
iual Prod. During Test	Cil-Bble.	Walet-Bbls.	Gas+MCF
·	······································		
S WELL	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
CAOF=240	1 Tubing Pressure (shat-in)	-	_
BACK PRESSURE	980	Caeing Pressure (Ebut-11) 975	Choke Size
RTIFICATE OF COMPLIANC	E	OIL CONSERVA	TION DIVISION
rreby certify that the rules and re	guistions of the Oil Conservation	APPROVED	
ision have been complied with	and that the information given	.BY	
1. NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, C, LAND, D&M, LMC, CTY, EEB, REM,K,TW,FILE,			
S (3), (PARTNERS	, EEB, REM,K, IW, FILE,	TITLE	
R& Mas	4		compliance with HULE 1104,
(Signitude)		well, this form must be accompa	wable for a newly drilled or despen anied by a tabulation of the deviati
- معاد <del>العام العمر بالعاد وعارد مي ارجعة معاد بالعالي الكالكات العام وارجع</del>	COORDINATOR	tests taken on the well in acco All sections of this form mi	idance with MULK 111. Jat be filled out completely for alle
(Tul 8-6		able on new and recompleted w	elle.
(Dut	-82		<ol> <li>III, and VI for changes of own ter, or other such change of condition of the filled for each post in multi-</li> </ol>

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STATE OF NEW MEXICO Y AND MINEHALS DEPARTMENT OUTINITY OF THE	P. O. DO SANTA FE, NEV REQUEST FOI A	ATION DIVISION X 2000 V MEXICO 07501 R ALLOWABLE ND PORT OIL AND NATURAL GAS	CIL & GAS
MESA PETROLEUM CO.			AUG 1 0 1999
	/MIDLAND, TEXAS 79701-44	93	
ason(s) for filing (Check proper box) w Well	Change in Transporter of: Oil Dry Ga Casinghead Gas . Conder		O. C. D. ARTESIA, OFFICE
hange of ownership give name address of previous owner			······································
BADGER COM	Well No. Pool Name, Including F 3 UNDES PECOS S	SLOPE ABO State, Fe	deral office
Unit Letter;00	Feet From The <u>50011</u> Lin	e and <u>830</u> Feet Fr	om The <u>EAST</u>
Line of Section 4 T. a	mohip 5S Range	25Е , ММРМ,	CHAVES County
SIGNATION OF TRANSPORT inc of Authorized Transporter of Cil KOCH OIL COMPANY inc of Authorized Transporter of Cas TRANSWESTERN PIPELINE well produces oil or liquide, re location of tanks.	Incread Cas or Dry Gas 🕵	Address (Give address to which as P.O. BOX 1558, BRI Address (Give address to which as P.O. BOX 2521, HOU 1s gas octually connected?	pproved copy of this form is to be sent) <u>ECKENRIDGE, TX 76024</u> pproved copy of this form is to be sent) <u>JSTON, TX 77001</u> When
his production is commingled with MPLETION DATA	h that from any other lease or pool,	give commingling order number:	
Designate Type of Completio	n - {X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res
ie Spudded 4-2-82	Date Compl. Ready to Prod. 8-4-82	Total Depth 4250'	P.B.T.D. 3870
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
786' GR, 3798' RKB rtorations 3733' 3807'	АВО	3733'	3648' Depth Casing Shoe 4238'
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT
14 3/4"	10 3/4"	923'	700/200
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ST DATA AND REQUEST FO	OR ALLOWABLE (Test must be aj able for this de	ter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top all.
te First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump, go	s lift, etc.)
ngth of Teet	Tubing Pressure	Casing Pressure	Choke Size
tual Prod. During Test	С11-Бы.	Water-Bbls.	Gas+MCF
S WELL Tudi Prod. Test-MCF/D CAOF=240	Length of Test 1	Bble. Condenante/MMCF	Gravity of Condeneate
BACK PRESSURE	Tubing Presews (shut-in) 980	Casing Pressure (Sbat-10) 975	Choze Size
RTIFICATE OF COMPLIANC			
reby certify that the rules and regulations of the Oil Conservation ision have been complied with and that the information given y: infuse and complite to the best of my knowledge and belief. IC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, IS (3), (PARTNERS (Signature) REGULATORY COORDINATOR (Tuile) 8-6-82 (Dute)		APPROVED	In compliance with RULE 1104, Nowable for a newly drilled or deepen mpanied by a tabulation of the deviati cordance with RULE 111, must be filled out completely for alle

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