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P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 2 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-O. C. D.  
ARTESIA, OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator  
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 of:	
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 CHARLOTTE FED COM	Well No. 5	Pool Name, including Formation PECOS SLOPE ABO	Kind of Lease State, Federal or Fee NM	Lease 16324
Location				
Unit Letter E	1980	Feet From The NORTH	Line and 660	Feet From The WEST
Line of Section 29	T. or S. 7S	Range 26E	, NMPM, CHAVES	

## 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				
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When				
Unit E	Sec. 29	Twp. 7S	Req. 26E	NO yes	10-15-82

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 4-12-82	Date Compl. Ready to Prod. 5-16-82	Total Depth 4406'	P.B.T.D. 4361'					
Elevations (DF, RKB, RT, CR, etc.) 3586' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3717'	Tubing Depth 3630'					
Perforations 3717' --- 3986', ABO	Depth Casing Shoe 4406'							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	900'	700/300
9 7/8"/7 7/8"	4 1/2"	4406'	500

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 1671	Length of Test 4	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 840	Casing Pressure (Shut-in) 846	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.  
KC: NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, MTS (3), (PARTNERS)

REGULATORY COORDINATOR

(Title)

5-27-82

(Date)

## OIL CONSERVATION DIVISION

OCT 26 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed By  
BY \_\_\_\_\_ Leslie A. Clements  
TITLE \_\_\_\_\_ Supervisor District II

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 filed for each pool in multi-

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JUN 1 - 1982

**O.C.D.  
HOBBS OFFICE**

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

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OCT 25 1982

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE October 20, 1982

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

Operator

Charlotte-Federal Com.

Lease

Well #5-Unit Letter ~~unknown~~

Well Unit

29-7S-26E, Chaves County

S.T.R.

*Pecos & Lope*  
Undersigned (Abo)

Pool

Transwestern  
Name of purchaser

was made on October 15, 1982

Transwestern Pipeline Company  
Company

*H. N. Aicklen* H. N. Aicklen  
Representative

Supervisor Gas Purchase Contract Administration  
Title

cc: Operator  
Oil Conservation Division - Santa Fe