

RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

O. C. D.
ARTESIA, OFFICE

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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name BRADEN FEDERAL	Well No. 1	Pool Name, including Formation UNDESIGNATED ABO	Kind of Lease State, Federal or Fee NM	Lease 17031
Location				
Unit Letter A	660	Feet From The NORTH	Line and 660	Feet From The EAST
Line of Section 30	T. and ship 5S	Range 24E	NMPM, CHAVES	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					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 30	Twp. T58	Rge. R24E	Is gas actually connected? 58	When 10-23-82

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 Rest.	Diff. F
		X	X					
Date Spudded 3-26-82	Date Compl. Ready to Prod. 4-26-82	Total Depth 4100'	P.B.T.D. 3841'					
Elevations (DF, RKB, RT, CR, etc.) 4062' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3490' 3503'	Tubing Depth 3410'					
Perforations 3503' --- 3553'	Depth Casing Shoe 3889'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	797'	700/200
9 7/8" / 7 7/8"	4 1/2"	3889'	300
	2 3/8"	3410'	

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 935	Length of Test 4 hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Sbnt-in) 925	Casing Pressure (Sbnt-in) 887	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: NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, MEC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, MTS (3), (PARTNERS)

RF Matha
(Signature)
REGULATORY COORDINATOR
(Title)
5-5-82

OIL CONSERVATION DIVISION

NOV 2 1982

APPROVED

BY

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 dev 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