Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 18 1982

REQUEST FOR ALLOWABLE AND

O. C. D.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASARTESIA, OFFICE SHATION OFFICE MESA PETROLEUM CO. 1600 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493 ion(s) for liling (Check proper box) Other (Please erafain) . Well Change in Transporter of: Dry Cos inge in Ownership Casinghead Gas Condensate ange of ownership give name address of previous owner SCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease L. . . . 17793 State, Federal or Fee NM PECOS SLOPE ABO CRAWFORD FED COM 1 :31105 SOUTH Line and 1980 460 EAST Feel From The Feet From The Unit Letter 30 26E CHAVES 7 S NMPM, T. anship Range Co Line of Section SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ar Condensate 🗔 Address (Give address to which approved copy of this form is to be sent) e of Authorized Transporter of Cil P.O. BOX 1558, BRECKENRIDGE, TX 76024
Address (Give address to which approved copy of this form is to be sent) TX 76024 COMPANY te of Authorized Transporter of Casinghead Gas or Dry Gas S P.O. BOX 2521, HOUSTON, TX TRANSWESTERN PIPELINE CO 77001 (ATTN: AIKLEN) When Rqe. Sec. Is gas octually connected? Unit rell produces oil or liquids, e location of tanks. 7S! 30 is production is commingled with that from any other lease or pool, give commingling ofder number: MPLETION DATA OII Well Now Well Deepen Plug Back Same Resty, Ditt. F Designate Type of Completion - (X) Χ Date Compl. Ready to Prod. Total Depth P.B.T.D. 4260¹ 41881 6-5-82 5-2-82 WLID Top Oil/Gas Pay rations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation 3835' 37381 3569' GR ABO Depth Casing Shoe torations 4144' 3835' --- 3977' TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 14 3/4" 10 3/4" 9081 700/200 1/211 41441 425 7/8"/7 7/8" 3/9 11 (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) ST DATA AND REQUEST FOR ALLOWABLE WELL Producing Method (Flow, pump, gas lift, etc.) First New Oll Run To Tonks Date of Test Choke Size th of Teet Tubing Pressure Casing Pressure Cas - MCF al Pred. During Test OII - Bbls. Water - Bbls. SHELL Gravity of Condensate and Prod. Tool-MCF/D Length of Test Bbls. Condensate AMCF 3.75 ing Method (pitot, back pr.) Tubing Pressure (Ebut-ia) Cosing Pressure (Ebut-12) Choke Size 902 907 BACK PRESSURE OIL CONSERVATION DIVISION TIFICATE OF COMPLIANCE OCT 9 6 1982 APPROVED rby certify that the rules and regulations of the Oil Conservation sion have been compiled with and that the information given can true and complete to the best of my knowledge and belief.

MMOCP (6), TLS, CEN RCDS, ACCTG, ROSWELL, Emiginal Signedbyy Leslie A. Clements

MAD. D&M, LMC, CTy, EFB, RFM,K,TW,FILE,

(Signalwa)

(1)010)

REGULATORY COORDINATOR (Tale)

6-16-8

O. CPARTNERS

All sections of this form most be filled out completely for able on new and recompleted walls.

This form is to be filed in compliance with MULE 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 devitoritation on the well in accordance with MULK 111.

Fill out only Sections 1, 11, 111, and VI for changes of o well name or number, or transporter, or other such change of cond

Separate Poring C-104 must be filled for each pool in mo-mulated wells.

TITLE ____ Supervisor District !!