

BY	
DISTRIBUTION	
DATE	
U.S.	
TO OFFICE	
REPORTER	
ORATOR	
ORATION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 20 1982

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

O. C. D.
ARTESIA, OFFICE

MESA PETROLEUM CO. ✓

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

son(s) for filing (Check proper box)	Other (Please explain)
Well <input checked="" type="checkbox"/>	
Completion <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"/>

Range of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE **R-7708 10/25/84**

Well Name KAREN FEDERAL	Well No. 1	Pool Name, Including Formation WILDCAT ABO S. PECOS SLOPE ABO GAS	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/> NM	Lease 16071
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Location Unit Letter D ; 660' Feet From The NORTH Line and 990 Feet From The WEST	Line of Section 25 Township 9S Range 24E , NMPM, CHAVES Co.
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SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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 1183, BRICKENRIDGE, TX 77601
Signature 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, or location of tanks.	Is gas actually connected? When
Unit D Sec. 25 Twp. 9S Rge. 24E	NO YES 10-26-82

If 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't.	Diff. F
		X	X					
Date Spudded 6-9-82	Date Compl. Ready to Prod. 7-9-82	Total Depth 4132'	P.B.T.D. 3757'					
Measurements (DF, RKB, RT, CR, etc.) 57' GR, 3570' RKB	Name of Producing Formation ABO	Top Oil/Gas Pay 3449'	Tubing Depth 3484'					
Measurements 3449' --- 3531'	Depth Casing Shoe 3810'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	8 5/8"	948'	700/200/600
7 7/8"	4 1/2"	3810'	500
	2 3/8"	3484'	

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
table for this depth or be for full 24 hours)

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
Total Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

TEST WELL

Total Prod. Test-MCF/D 1135	Length of Test 4	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 945	Casing Pressure (Shut-in) 945	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
is true and complete to the best of my knowledge and belief.
NMOCD (6), TLS, GEN RCDS, ACCTG, ROSWELL,
C, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE,
S (3), (PARTNERS)

R. G. [Signature]

(Signature)

REGULATORY COORDINATOR

(Title)

7-19-82

(Date)

OIL CONSERVATION DIVISION
NOV 04 1983

APPROVED _____, 19____

BY _____ Original Signed 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 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 a
well name or number, or transporter, or other such change of cond

Separate Forms C-104 must be filled for each pool in mu
compleated wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED BY

NOV 02 1983

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE October 31, 1983

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

Karen Fed.
Lease

#1 - Unit Letter Unknown
Well Unit

25-9S-24E, Chaves County
S.T.R.

Undesignated (Abo)
Pool

Transwestern
Name of Purchaser

was made on October 26, 1983

Transwestern Pipeline Company
Company

Rodney C. Burke Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501