

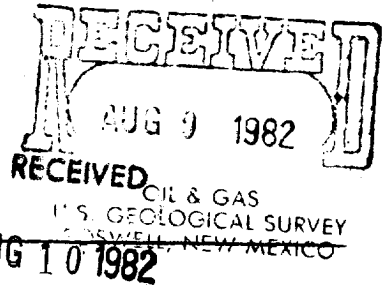
OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

DATE RECEIVED	
DISTRIBUTION	
DATE	
BY	
U.S.	
NO OFFICE	
TRANSPORTER	
ORATION	
ORATION OFFICE	
ORATION	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



MESA PETROLEUM CO.

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

O. C. D.
ARTESIA OFFICE

Reason(s) for filing (Check proper box)

Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
MACHO FED COM	10	UNDESIGNATED ABO	State, Federal or Fee NM	36647

Unit Letter BG: 1650 Feet From The NORTH Line and 1980 Feet From The EAST

Line of Section 7 Township 7S Range 23E NMPM, CHAVES County

SIGNATURE 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 <u>1183</u> , <u>HOUSTON</u> , TX <u>77001</u>
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
Well produces oil or liquids, Location of tanks.	Unit, Sec. Twp. Rge. Is gas actually connected? When
<u>BG</u> <u>7</u> <u>7S</u> <u>23E</u>	<u>NO</u> <u>5-2-82</u>

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't.	Diff. Res
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-10-82	7-29-82	3204'	2957'					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
047.9' GR, 4061' RKB	ABO	2785'	2854'					
Productions			Depth Casing Shoe					
2785' --- 2903'			3002'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1481'	700/200/700
7 7/8"	4 1/2"	3002'	350
	2 3/8"	2854'	

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 allowable 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.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

TEST WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1134	4	-	-
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
BACK PRESSURE	765	775	-

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, CEN RCDS, ACCTG, ROSWELL, EC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, IS (3), (PARTNERS)

R. P. [Signature]
(Signature)

REGULATORY COORDINATOR

(Title)

8-5-82

(Date)

OIL CONSERVATION DIVISION

MAY 27 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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.