STATE OF NEW MEXICO
Y AND MINERALS DEPARTMENT

DISTRIBUTION		
TA FE	✓	✓
E	✓	✓
.S.G.S.		
ND OFFICE		
TRANSPORTER OIL	✓	
GAS	✓	✓
ERATOR	✓	
ORATION OFFICE		

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

RECEIVED
AUG 9 1982
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
AUG 10 1982
O. C. D.
ARTESIA, OFFICE

perator
MESA PETROLEUM CO. ✓

ddress
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

ason(s) for filing (Check proper box)

w Well	X	Change in Transporter of:			
completion		Oil		Dry Gas	
ange in Ownership		Casinghead Gas		Condensate	

Other (Please explain)

hange of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

ase Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No
MACHO FED COM	11	~~UNDESIGNATED~~ W. Pecos Slope ABO	State, (Federal) or Fee NM	36647

cation
Unit Letter N : 990 Feet From The SOUTH Line and 1650 Feet From The WEST

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

SIGNATION OF TRANSPORTER3 OF OIL AND NATURAL GAS

me of Authorized Transporter of Oil ☐ or Condensate ☒ X KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TX 76024
me of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ X TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2521, HOUSTON, TX 77001

well produces oil or liquids, e location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	7	7S	23E	~~NO~~ yes	1-12-83

his production is commingled with that from any other lease or pool, give commingling order number:

MPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X	X					

te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-19-82	7-24-82	3116'	3044'
vations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
12' GR, 4125' RKB	ABO	2832'	2895'
forations			**Depth Casing Shoe**
2832' --- 2961'			3104'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1460'	700/200/2400
7 7/8"	4 1/2"	3104'	350
	2 3/8"	2895'	

ST DATA AND REQUEST FOR ALLOWABLE (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)
_ WELL

e First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ngth of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
ual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

S WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1712	4	–	–
ting Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
BACK PRESSURE	865	865	–

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given e is true and complete to the best of my knowledge and belief.
: NMOCD (6), TLS, CEN RCDS, ACCTG, ROSWELL, C, LAND, D&M, LMC, CTY, EEB, REM,K,TW,FILE, S (3), (PARTNERS)

R. G. Nadt
(Signature)

REGULATORY COORDINATOR
(Title)

8-5-82
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 18 1983, 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 deepened well, this form must be accompanied by a tabulation of the deviation 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 owner, well name or number, or transporter, or other such change of condition.

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