## OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 SFP 1 6 1982

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U.1.U.1.		l		l	
LAND OFFICE		l		l	
IMANIPONTER	OIL	1			
	0 4 6	نا			
OPERATION		1			
PROBATION OFFICE					

U.1. U.1.			JLI. I			
LAND OFFICE	REQUEST FOR	R ALLOWABLE	O. C. (	D. 1		
TRANSPORTER OIL		NO ARTESIA, OFFICE				
OPERATION I	AUTHORIZATION TO TRANSF	PORT OIL AND NATU	RÁL GAS-			
Operator Operator		<del></del>				
Mesa Petroleum Company						
Address 2000 / A - 11	T 70100					
P.O. Box 2009 / Amarillo		10% (8)				
Keason(s) for liling (Check proper box)	Change in Transporter of:	Other (Please explain)				
New Well  Accompletion	OII Dry Co	<b></b>				
Change in Ownership	Casingheod Gas Conder	$rac{1}{1}$				
			<del></del>	· · · · · · · · · · · · · · · · · · ·		
If change of ownership give name and address of previous owner		·		<del>-</del>		
DESCRIPTION OF WELL AND I	LEASE.   Well No.   Pool Name, Including F	Cormation   Kind of Lease		Lease		
Sand Com	1 Pecos Slope AB					
Location			L			
Unit toller F : 198	80 Feel From The North Lin	• and 1980	Feet From T	h• West		
Unit Letter F : 190						
Line of Section 10 Tox	mahip 7 South Range	26 East , NMPM	. Chave:	s	Cor	
		•				
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address	io which approv	ed copy of this form i	s to be sent)	
Koch Oil Company		P.O. Box 1558			76024	
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address			s to be sent/	
Transwestern Pipeline Co		P.O. Box 2521	/ Houston	, Texas 7700	1	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? Whe	n		
give location of tanks.	F 10 7S 26E	No		<del>-</del>		
If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:			
COMPLETION DATA	Oil Well Gas Well	New Well   Workover	Deepen	Plug Back   Same F	Restv. Diff. F	
Designate Type of Completio		x	•			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
6-26-82	9-6-82	4650'		4318'		
Dievotions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth 4192'		
3709' GR	ABO	4035		Depth Casing Shoe		
Perforations				4387'		
1077	TUBING, CASING, AND	CEMENTING RECOR	D	<del>/</del>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS C	EMENT	
14-3/4"	10-3/4"	943		700/200		
9-7/8" / 7-7/8"	4-1/2"	4387 <b>'</b>		1200/500/50	0	
	53/8	7/192		<u> </u>		
			41 1 1		100	
TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a) able for this de	fier recovery of total volume.  p:h or be for full 24 hour.	me of load oil a i)	ing what se ednotio	" • X 2 2	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	v. pump, gas lift	i, eic.)	5 g - 2 1 B	
					1918 X	
Length of Teel	Tubing Pressure	Casing Pressure	•	Choke Size	A wards	
		Water-Bble.	<del></del>	Cas - MCF	5'	
Actual Prod. During Test	Oil-Bbis.	Water - Bbie,				
	1	J		<u></u>		
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMC	F	Gravity of Condens	ate	
1280	4 hours	-	4.53	Choke Else		
Back pressure	Tubing Pressure (Shut-in) 900	Cosing Pressure (Shat	-10)	_		
	<u> </u>	<u> </u>	ONCEDVAT	ION DIVISION		
CERTIFICATE OF COMPLIANC	DE .					
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 1 7 1982 . 19				
nivision have been complied with	and that the information given	Lati &- Clamails				
above is true and complete to the	best of my knowledge and belief.	BY Justin				
XC: NMCCD-A (6), TLS,	fidland. Roswell. TW.	TITLE _SUPERVISOR DISTRICT II				
LMC, REM (file), Midland, Roswell, TW, Koch. Partners (8)10		This form is t	be filed in c	compliance with Ru	LE 1104.	
Koch, Partners (3)10 R. E. Maihu		If this is a req	uest for allow	able for a newly dr	rilled or deep n of the devi	
(Siano	well, this form must be accompanied by a tabulation of the devi- tests taken on the wall in accordance with MULE 111.					
Regulatory Coordinator		tests taken on the water in accompletely for a				

(Title) 9-14-82 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 Separate Forms C-104 must be filled for each pool in muconsplicted wells.