

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 21 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	
LAND OFFICER	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator: MESA PETROLEUM CO.

Address: 1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<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"/>

If change of ownership give name and address of previous owner: _____

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

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>SHELLY FEDERAL</u>	<u>1</u>	<u>S. PECOS SLOPE</u> <u>UNDESIGNATED ABO GAS</u>	State, Federal or Fee	<u>33944</u>
Location				
Unit Letter	<u>M</u>	<u>660</u> Feet From The	<u>SOUTH</u> Line and	<u>990</u> Feet From The
				<u>WEST</u>
Line of Section	<u>24</u>	T. and R.	<u>9S</u>	Range
				<u>24E</u> , NMPM.
				County
				<u>CHAVES</u>

DESIGNATION 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)
<u>KOCH OIL COMPANY</u>	<u>P.O. BOX 1558, BRECKENRIDGE, TX 76024</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)
<u>TRANSWESTERN PIPELINE CO (ATTN: AIKLEN)</u>	<u>P.O. BOX 2521, HOUSTON, TX 77001</u>
If well produces oil or liquids, give location of tanks.	Unit. Sec. Twp. Rge. Is gas actually connected? When
	<u>M 24 9S 24E</u> <u>NO</u> <u>10-26-83</u>

If 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	Some Resrv.	Diff. Res.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7-17-82</u>	<u>8-17-82</u>	<u>3950'</u>	<u>3763'</u>					
Elevations (DF, R&B, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3569', 3582.5' RKB</u>	<u>ABO</u>	<u>3435'</u>	<u>3340'</u>					
Perforations	Depth Casing Shoe							
<u>3435' --- 3533'</u>	<u>3812'</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>404'</u>	<u>250/200/950</u>
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>969'</u>	<u>700/200/60</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3812'</u>	<u>725/500</u>
	<u>2 3/8"</u>	<u>3340'</u>	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>992</u>	<u>4</u>	<u>-</u>	<u>-</u>
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size
<u>BACK PRESSURE</u>	<u>902</u>	<u>910</u>	<u>-</u>

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 above is true and complete to the best of my knowledge and belief.

XC: NMOCD (6), TLS, GEN RCDS, ACCTG, ROSWELL, MEC, LAND, D&M, LMC, CTY, EEB, REM, K, TW, FILE, MTS (3), (PARTNERS)

R. E. [Signature]
 (Signature)

REGULATORY COORDINATOR
 (Title)

8-19-82
 (Date)

OIL CONSERVATION DIVISION
 NOV 01 1983

APPROVED Original Signed By, 19____
Leslie A. Clements
 Supervisor District II

BY _____

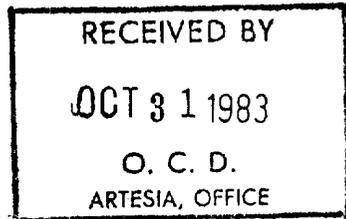
TITLE _____

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 deviated tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and V for changes of ownership name or number, of transporter, or other change of conditions.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210



NOTICE OF GAS CONNECTION

DATE October 27, 1983

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

Shelly Fed.
Lease

^M
#1 Unit Letter ~~Unknown~~
Well Unit

27-95-205 Chaves, County
S.T.R.

Und. 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