

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78  
RECEIVED

JAN 20 1983

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

1. OPERATOR	Mesa Petroleum Co. ✓	
Address	P.O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name CHINA FED COM	Well No. 10	Pool Name, including Formation Undesignated ABO <i>West Pecos Slope</i>	Kind of Lease <del>State</del> Federal <del>XXXX</del> <i>NM</i>	Lease No. 36648
Location				
Unit Letter G	1550	Feet From The North	Line and 2080	Feet From The East
Line of Section 17	Township 7S	Range 23E	, NMPM, Chaves County	

## III. 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)					
Permian Corporation	P.O. Box 1183 / Houston, Texas 77001					
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: Aicklen	P.O. Box 2521/Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 7	Rge. 23	Is gas actually connected? yes	When 12-28-82

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

VI. 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 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.)	
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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

## I. 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-A (O+5) CEN RCDS, ACCTG, ENG,  
REM (FILE)*R. F. Mark*  
(Signature)

REGULATORY COORDINATOR

(Title)

1-11-83

(Date)

## OIL CONSERVATION DIVISION

JAN 21 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 deeper 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 VI for changes of well name or number, or transporter, or other such change of condition.

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