

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

SEP 16 1982

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator Mesa Petroleum Company	
Address P.O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
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 type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Camack Fed Com	Well No. 9	Pool Name, Including Formation Pecos Slope ABO	Kind of Lease State (Federal) or Fee NM	Lease 22615
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 12 Township 5 South Range 24 East , NMPM, Chaves Co.				

II. 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)
Koch Oil Company	P.O. Box 1558 / Breckenridge, Texas 76024
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 Company (Attn: Aiklen)	P.O. Box 2521 / Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
0 12 5S 24E	No Yes - 5-3-82

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. P
		X	X					
Date Spudded 7-25-82	Date Compl. Ready to Prod. 9-4-82	Total Depth 4300'	P.B.T.D. 3976'					
Elevations (DF, RKB, RT, GR, etc.) 3927' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3612'	Tubing Depth 3797'					
Perforations 3768' - - - 3842'	Depth Casing Shoe 4038'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	948'	700/200
9-7/8" / 7-7/8"	4-1/2"	4038'	800

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 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 1851	Length of Test 4 hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 820	Casing Pressure (Shut-in) 820	Choke Size -

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 (6), TLS, Cen Rcds, Acctg, CTY,
LMC, REM (file), Midland, Roswell, TW,
Koch, Partners (4)

(Signature)

Regulatory Coordinator

(Title)

9-14-82

(Date)

OIL CONSERVATION DIVISION

MAY 09 1983

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

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of oil 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.