

RECEIVED

NOV 17 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-O. C. D.
ARTESIA OFFICE

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Mesa Petroleum Co.

Address

P.O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Erma	1	Wildcat ABO	State, Federal or <u>Fee</u>	

Location

Unit Letter M ; 660 Feet From The South Line and 660 Feet From The WestLine of Section 1 Township 10 South Range 24 East , NMPM, Chaves County

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, TX 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	P.O. Box 2521 / Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>1</u> Twp. <u>10</u> Rge. <u>24</u>
	Is gas actually connected? <u>No</u> When <u>-</u>

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	Same Restv.	Diff. F
		<u>X</u>	<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-31-82	9-10-82	4000'	3584'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3559' GR	ABO	3389'	3426'					
Perforations			Depth Casing Shoe					
3389' - - - 3493'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4"	10 3/4"	946'	700/200
7 7/8"	4 1/2"	3630'	1000/500


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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF=650	1 hour	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	745	745	-

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: NMOC-D-A (O+5), CEN RCDS, ACCTG, CTY, LMC,
D&M, MIDLAND, ROSWELL, K, TW, PARTNERS,
REM (FILE)
(Signature)

Regulatory Coordinator

(Title)

11-11-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

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 deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.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 filed for each pool in mul