

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

RECEIVED

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O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

Operator 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE	
Lease Name Erma	Well No. 1
Pool Name, Including Formation Wildcat ABO	
Kind of Lease State, Federal or Fee	
Location	
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West	
Line of Section 1 Township 10 South Range 24 East , NMPM, Chaves	

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 Sec. Twp. Rge.
M 1 10 24	Is gas actually connected? When
No	-

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

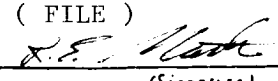
COMPLETION DATA	
Designate Type of Completion - (X)	
Oil Well	Gas Well X
New Well X	Workover
Deepen	Plug Back
Same Res'v.	Diff. F
Date Spudded 8-31-82	Date Compl. Ready to Prod. 9-10-82
Total Depth 4000'	P.B.T.D. 3584'
Elevations (DF, RKB, RT, CR, etc.) 3559' GR	Name of Producing Formation ABO
Top Oil/Gas Pay 3389'	Tubing Depth 3426'
Perforations 3389' - - - 3493'	Depth Casing Shoe

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

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED _____, 19 ____
XC: NMOC-D-A (O+5), CEN RCDS, ACCTG, CTY, LMC, D&M, MIDLAND, ROSWELL, K, TW, PARTNERS, REM (FILE)	BY _____
	TITLE _____
Regulatory Coordinator	This form is to be filed in compliance with RULE 1104.
(Title)	If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
11-11-82	All sections of this form must be filled out completely for a able on new and recompleted wells.
(Date)	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

Hold for Notice of connect