STATE OF NEW MEXICO O MINERALS DEPARTMENT

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

FORE C-104 RECEIVED-78

JAN 21 1983

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

	LAND OFFICE	REQUEST FOR			O. C. D.	
	OPERATOR	AN AUTHORIZATION TO TRANSP	-	RAL GAS-	ARTESIA, OFFI	î k
١.	Operator Mesa Petroleum Co. P					
	Address	o Toxas 79189				
	P.O. Box 2009 / Amarill		Other (Pleas	e explain)		
	Keason(s) for filing (Check proper box) New Well	Change in Transporter of:	J. C.			
	Recompletion	OII Dry Ga	• 🔲			
	Change in Ownership	Casinghead Gas Conden	sate X			
	If change of ownership give name and address of previous owner				· · · · · · · · · · · · · · · · · · ·	
11.	DESCRIPTION OF WELL AND I	EASE		Kind of Lease		Lease No.
	ERMA	Well No. Pool Name, Including Fo	ormation	States Albeitand		
	Location M 660	Feet From The South Lin	. 660	Feet From T	. West	
	Unit Letter;;		/ D		Chav	
	Line of Section T.	nahip 10S Range 2	4E , NMP)	u,	Cliav	es County
Ί.	DESIGNATION OF TRANSPORT	er of oil and natural ga	.S Address (Give address	to which approv	ed copy of this form is	o be sent/
	Permian Corporation		P.O. Box 1183	/ Houston	, Texas 77001	
	Name of Authorized Transporter of Cas		1		red copy of this form is a	
	Transwestern Pipeline	Co. (Attn: Aiklen)	P.O. Box 252			
	If well produces oil or liquids, give location of tanks.	M 1 10 24		!	<u></u>	
v	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,				
•	Designate Type of Completio	n - (X)	New Well Workover	Deepen 	Plug Back Same Re	s'v. Diff. Res'
	Date Spudded	Date Compl. Reday to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations			Depth Casing Shoe		
			D CENEUTING RECO	20		
	HOLE SIZE	TUBING, CASING, AND	DEPTH !		SACKS CE	MENT
	HOLE SIZE					
۲.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	after recovery of cotal wo epih or be for full 24 hou	(8)		exceed top allo
	Date First New Oll Run To Tanks	Date of Test	Producing Method (Fla	ow, pump, gas ii;	ji, eic.)	
	Length of Teet	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	OH-Shla.	Water - Bbis.		Gdm • MCF	
	GAS WELL	Length of Test	Bbis. Condensate/MM	CF	Gravity of Condensat	•
	Actual Prod. Teet-MCF/D				Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Sho			
1.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION DIVISION			
	I hereby certify that the rules and a Division have been complied with	and that the information given	1			
	•	is true and complete to the best of my knowledge and belief.				
	XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) P. J. Math				compliance with nul	
			11		bla for a nawly dell	led or deepene
	(Sign	(Signature) REGULATORY COORDINATOR		If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation of the d		
		(1e)	לונים עם החולה ל	recompleted w	ist be filled out comp ells.	
	1-1	Fill out only Sections I. II. III, and VI for changes of owner				
	(D)	Separate Forms C-104 must be filled for each pool in multiple completed wells.				

STATE OF NEW MEXICO Form C-104 Revised 10-1-78 MERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION RECEIVED P. O. BOX 2088 14 H 1 A F E SANTA FE, NEW MEXICO 87501 JAN 21 1983 LAND OFFICE REQUEST FOR ALLOWABLE TRANSPORTER DIL O. C. D AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAST APTERIAL OFFICE OPERATOR HORATION OFFICE Mesa Petroleum Co.uP.O. Box 2009 / Amarillo, Texas 79189 Keoson(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gos Recompletion Casinoheod Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. Lease Nor Nakakakakake 1 Wildcat ABO ERMA Location South_Line and_ 660 660 West Μ Feet From The Feet From The Tomahip 10S 24E 7 Chaves Range , NMPM Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Cit | or Condensate | X | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001 Permian Corporation Name of Authorized Transporter of Castinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas X (Attn: Aiklen) P.O. Box 2521 / Houston, Texas 77001 Transwestern Pipeline Co. , when Sec. Twp. Rge. is gas octually connected? ្ឋហ្គារ If well produces oil or liquids, give location of tanks. . 1 10 24 М If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA Same Res'v. Dill. Res' OII Well Gas Well New Well 19V0410* Deepen Plug Book Designate Type of Completion -(X)Date Compl. Recay to Prod. Total Depth P.3.T.D. Date Spuaded Top CII/Gas Pay Tubing Depth Name of Producing Formation Lievations (DF. RKB, RT. GR. etc.) Death Casing Shoe Periorations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) A TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Meinod (Flow, pump, gas lift, etc.) Date First New Oil Run To Tonks Dote of Test

Choke Size Casing Pressure ubing Pressure Length of Test Gas - MCF Watet - Bbls. Actual Prod. During Test CII - 5 bla.

GAS WELL Gravity of Condensate Actual Pros. Tool-MCF/D Length of Test Bbls. Condensets / MMCF Cosing Pressure (Shot-in) Tealing Method (pitot, back pr.) Tubing Pressure (Ehnt-in)

APPROVED_

BY.

TITLE _

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 (0+5) CEN RCDS, ACCTG, ENG, REM (FILE)

Matta P. 5. (Signalwa) REGULATORY COORDINATOR

> (Tule) 1-11-83 (Date)

This form is to be filed in compliance with nULE 1104,

OIL CONSERVATION DIVISION

If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation tools taken on the well in accordance with MULE 111.

All sections of this form must be fuled out completely for allo-able on new and recompleted walls.

Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pont in multip

ennialeted wells.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION RECEIVED 11 . 4 10 - 1 - 78 HERGY AND MINERALS DEPARTMENT ** ** ****** 0111 616 41 104 14-1471 SANTA FE, NEW MEXICO 87501 JAN 21 1983 716 V 1.0.1. LAND OFFICE REQUEST FOR ALLOWABLE O. C. D. TRANSPORTER OIL AND ARTESIA, OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-OFERAT-OF ROBATION OFFICE Cp+19191 Mesa Petroleum Co. P.O. Box 2009 / Amarillo, Texas 79189 Heason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Oil Dry Cos Recompletion Condensate X Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE well No., Pool Name, Including Formation Kinc of Lease Lease Na 1 Wildcat ABO ERMA Location South Line and М 660 660 Unit Letter 7 quality 10S 24E Chaves , NMPM County Line of Section Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Agaress (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001 Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521 / Houston, Texas 77001 Transwestern Pipeline Co. (Attn: Aiklen) Twp. Ree. Is gas octually connected? Unit Sec. If well produces oil or liquids, give location of tanks. 10 24 Μ If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA Same Res'v. Dill. Res' Designate Type of Completion - (X) Date Compl. Recay to Prod. Total Depth P.3.T.D. Date Soudded Top Oll/Gas Pay Tubing Depih Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alice able for this depth or be for full 24 hours) Y. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Bun To Tonks Producing Method (Flow, pump, gas lift, etc.) Dote of Test Casing Pressure Chose Size Length of Teet Tubung Pressure Gas - MCF OII - B Ma. water - Bble. Actual Pred. During Test GAS WELL Actual Prod. Tost-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Chote Sixe Coming Pressure (Shot-in) Testing Method (pitot, back pr.) Tubing Freesure (Elist-15) OIL CONSERVATION DIVISION I. CERTIFICATE OF COMPLIANCE

TITLE _ This form is to be filed in compliance with RULE 1104,

XC: NMOCD-A (0+5) CEN RCD, ACCTG, ENG,

REM (FILE) R. F. Matta

REGULATORY COORDINATOR

(Tille)

(Date)

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.

1-11-83

All sections of this form must be filled out completely for allo able on new and recompleted wells. FIII out only Sections I. II. III, and VI for changes of owns II name or number, or transporter or other such change of condition

If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the deviation that laken on the well in accordance with MULE 111.

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Separate Forms C-104 must be filled for each pool in multip consoleted wells.

APPROVED_

BY.

STATE OF NEW MEXICO HERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

Form C-104 Revised 10-1-78 RECEIVED

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The production is completed for the production of the production	I TRANSPORTER			— ·
Message Petrol and Co.		AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS-	ARTESIA, OFFICE
Pro. Box 2009 / Amerillo, Texas /9139 Research Coli				
Compared C	Addres			
Compage to Describing. Character of Cold. Ch			1 Other (Please explain)	
			- Other (7 reals explain)	
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DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Notes it Althorities Trouspearer of Cit or Consensate	Unit Letter M : 66	50 Feet From The South Lir	ne and 660 Feet From	west
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Actives (Come address to which approved copy of ints (orm to be servery) Permian Component of Component of Component of the Component of the Component of Compon				
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Transvestern Pipeline Co. (Attn: Aiklen) P.O. Box 2521 / Houston, Texas 77001 If will produces all or liveds, Unit See. Two Persons of the Completion of th		Section of Cas Day Cas Day		
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Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Concenedte/MMCF Costing Pressure (Shat-in) Costing Pressure (Shat-in) Chote Size CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Cil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. XC: NMOCD-A (0+5) CEN RCDS, ACCTG, ENG, REM (FILE) REGULATORY COORDINATOR (Signature) REGULATORY COORDINATOR (Taile) 1-11-83 (Date) (Disconserve Transporter, or other such changes of counting on new and recompileted wells. Fill out only Sections 1, 11, 111, and VI for changes of counting on new and recompileted wells. Fill out only Sections 1, 11, 111, and VI for changes of counting on new and recompileted wells. Fill out only Sections 1, 11, 111, and VI for changes of counting on new and recompileted wells. Fill out only Sections 1, 11, 111, and VI for changes of counting on the majority of transporter, or other such changes of counting the	i Lancia of Tast	Tubing Pinssure	Casino Piessure	Choxe Size
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Separate Forms C-104 must be filled for each pool in multip			Fill out only Sections 1. well name or number, or transport	II, III, and VI for changes of own- orter, or other such change of condition
A CHRONICAL RECORD		/	Separate Forms C-104 mg	ust he filled for each pool in multip

STATE OF NEW MEXICO HERGY AND MINERALS DEPARTMENT

HUT AND WHEALT	**(***		
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LAND OFFICE	LAND DEFICE		
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OIL CONSERVATION DIVISION P. O. DOX 2088 SANTA FE. NEW MEXICO 87501

RECEIVED 10-1-78

	rice -	SANTA FE, NEV	W MEXICO 87501	·	JAN 21 1983
	LAND OFFICE	RECKIEST FO	R ALLOWABLE	\$	000
	TRANSPORTER GAS	A	ND		ARTESIA, OFFICE
1.	PERATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATU	RAL GAS-	
	Mesa Petroleum Co.				
	Address				
	P.O. Box 2009 / Amaril		Other (Pleas	4 440,014	
	Now Well	Change in Transporter of:		· Capitalny	
	Recompletion	011 Dry Cc	= 1		
	Change in Ownership	Casinghead Gas Conde	nsate [X]		
	If change of ownership give name and address of previous owner			<u> </u>	
17	DESCRIPTION OF WELL AND	1 FASF			
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Leas	()
	ERMA	1 Wildcat ABO		SKHKK KARKO	HXKI ••
	Unii Letter : : :	Feet From The South Lir	ne and660	Feet From	The West
	Line of Section 1 T	mahip 10S Range 2	24E , NMPN		Chaves County
	Cine of Section			•	
И.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS Ascress (Give address	to which appro	ived copy of this form is to be sent)
	Permian Corporation		P.O. Box 1183		
	Name of Authorized Transporter of Co Transwestern Pipeline		1		on, Texas 77001
	If well produces oil or liquids.	Unit Sec. Twp. Rqe.	is gas octually connect		
	give location of tanks.	M 1 1 10 24		1	
٧.	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling orde	r number:	
	Designate Type of Completi	on = (X) Oil Weil Gas Well	New Well Workover	Deepen !	Plug Book Same Restv. Diff. Rest
	Date Spudded	Date Compl. Recay to Prod.	Total Depth		P.B.T.D.
	Targues (DE RUB RT C2	Name of Producting Formation	Top OII/Gas Pay		Tubing Depth
,	Lievotions (DF, RKB, RT, GR, etc.,	iteme of producing to median	1,00,000,000		
	Perforations.				Depth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECOF	? D	
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEMENT
7.	TEST DATA AND REQUEST F				and must be equal to or exceed top alle
	OIL WELL Date First New Oil Run To Tonks	able for this di	epth or be for full 24 hour Producing Meinod (Flo		ifi, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	•	Choxe Size
	Actual Prod. During Test	CH-5Ma.	Water-Bbls.		Gda • MCF
		<u> </u>			
	GAS WELL		· · · · · · · · · · · · · · · · · · ·		
	Actual Prod. Teet-MCF/D	Length of Teet	Bbis. Condensets/MMC	IF.	Cravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Ebst-in)	Cosing Pressure (Sbut	(a1-)	Chake Sixe
		<u> </u>		ONCEDIA	TION DIVISION
1.	CERTIFICATE OF COMPLIAN	CE	-		
	I hereby certify that the rules and Division have been complied with	11		, 19	
	above is true and complete to th	e best of my knowledge and belief.	13		
	XC: NMOCD-A (0+5) CEN	RCDS, ACCTG, ENG,	11		
	REM (FILE) P. G. Matta		This form is to be filed in compliance with nULE 1104. If this is a request for allowable for a newly drilled or despen		
	(Size	nature)	Il a all this form root	er ha accomps	ented by a tabulation of the deviation o
		RY COORDINATOR	All sections o	fible form m	ust be fuled out completely for allo-
	•	1-83	able on new and recomplated wells. Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of conditions.		
	. (2	Calej	well name or number	nr, or tr≠n≠por n= C-104 mu	et he filed for weth pool in multip
		I completed wells.			

STATE OF NEW MEXICO AINITIALS DEPARTMENT

MERGY MID MINER	IALS (אמשכ	INTM		
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DISTAIRUTE	0#				
SAMIA FE	SAMIA FE				
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LAND OFFICE		<u>ا</u>			
TRANSPORTER	016	<u></u>			
14441	GAB	<u></u>			
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П.

OIL CONSERVATION DIVISION

	SANTA FE	SANTA FE, NEW				
	V.4.0.1.			•		
İ	LAND DEFICE	REQUEST FOR			•	
	TRAMIPORTER GAS	AUTHORIZATION TO TRANSF	ND PORT OIL AND NATI	IDAL CAS-		
١.	CADRATION OFFICE	701110K127110K 10 1K2K131				
	Mesa Petroleum Co.		·			
	P.O. Box 2009 / Amaril	lo, Texas 79189		-		
	Keason(s) for filing (Check proper box	,	Other (Pleas	se explain)		
	New Well	Change in Transporter of:		`		
	Change in Ownership	Casinghead Cass Conden	55 1		•	
	If change of ownership give name					
	and address of previous owner		- 			
1.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fi	ormation	Kind of Lease		Legae No
	ERMA	1 Wildcat ABO		असम्बद्ध	IXKF••	<u> </u>
	Unit Letter M ; 660	Feet From The South Lin	• and660	Feet From 1	West	
	Line of Section 1 T.	mahip 10S Range 2	4E , NMP	м,	Chav	es County
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of Cil	or Concensate X	į.		ved copy of this form is to. 1. Texas 77001	o be sent)
	Permian Corporation Name of Authorized Transporter of Car	singnead Gas or Dry Gas 🔀	i		ved copy of this form is t	o be sentj
	Transwestern Pipeline	Co. (Attn: Aiklen)	P.O. Box 252			1
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 1 10 24	Is gas actually canned	med 7 Who	en	
. .		th that from any other lease or pool,	give commingling ord	er number:		
Υ,	COMPLETION DATA	Oll We.I Gas Well	New Well Workover	Deepen	Plug Beex Same Res	rv. Diff. Res
	Designate Type of Completion		<u> </u>	1	1 1	<u> </u>
	Date Spudded	Date Compl. Recay to Prod.	Total Depth		P.B.T.D.	
	Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations				Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECO	RD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH:	SET	SACKS CEN	1ENT
		1	1		<u> </u>	
			i			
			<u> </u>		<u> </u>	
. .	TEST DATA AND REQUEST FOIL WELL		fier recovery of total vo pih or be for full 24 hou		and must be equal to or (excesdiopalla
	Date First New Oil Run To Tanks	Dote of Test	Producing Method (Fig	ow, pump, gas li	ji, eic.)	
	Length of Test	Tubing Pressure	Cosing Pressure		Chore Size	
	Amual Prod. During Test	Oil - Bhia.	Wgiet - 2bla.		Gas-MCF	
					<u> </u>	
	0.45 11773 3					
	GAS WELL	Length of Test	Bbis. Condensate/MM	CF	Cravity of Candensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Ebut-in)	Coaing Pressure (Shr	rt-1n)	Chore Sixe	
					TION DIVISION	
1.	CERTIFICATE OF COMPLIAN	C.E.			TION DIVISION	
	Division have been complied with	regulations of the Oil Conservation and that the information given	11			
	•	best of my knowledge and belief.	11			
	XC: NMOCD-A (0+5) CEN F REM (FILE)	// _	11		compliance with nuc	
	R. G. Ma			for allow	wahla for a newly drill	ed or deenen
	(Sign REGULATOR	well, this form must be accompanied by a tabulation of the deviation of the deviation of the well in accordance with MULE 111.				

(Tille)

1-11-83 (Date)

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

Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multiprompleted wells.