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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

I. Operator
Mission Exploration, Inc.
Address
P.O. Box 2188, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **CONDENSED GAS MUST NOT BE
FLOWED AFTER 7/1/82
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mission "6" State	Well No. #2	Pool Name, Including Formation Vada (Penn)	Kind of Lease State, Federal or Fee State	Lease No. V-78
Location Unit Letter <u>G</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>10S</u> Range <u>34E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____					
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 6	Twp. 10S	Pge. 34E	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re: <input type="checkbox"/>
Date Spudded 12-06-81	Date Compl. Ready to Prod. 4-7-82		Total Depth 9885'		P.B.T.D. 9885'			
Elevations (DF, RKB, RT, GR, etc.) 4260.0 GR	Name of Producing Formation BOUGH "C"		Top Oil/Gas Pay 9804'		Tubing Depth 9875'			
Perforations 9804-9810, 9839-9850					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		421.08'		500			
12 1/4"	8 5/8"		4283.21'		1270			
7 7/8"	5 1/2"		9885'		610			
	2 7/8"		9875'					

V. 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-18-82	Date of Test 4-18-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 16 bbls.	Water - Bbls. 87 bbls.	Gas - MCF 12

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

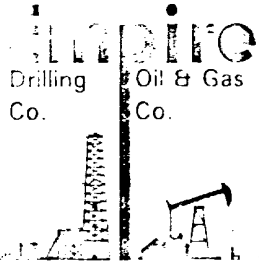
VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Andrea M. Boyter
(Signature)
Agent for Mission Exploration
(Title)
May 20, 1982
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 24 1982, 19____
BY JERRY J. JONES
TITLE DEPUTY COM.

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 deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit
Separate Forms C-104 must be filed for each pool in multi-completed wells.



Phones
(505) 393-2890 - 397 3362
397-3361

107 Stanolind Rd.

Hobbs, New Mexico 88240

March 8, 1982

Mission Resources
Box 2300
Oakland, California 94614

Dear Sirs:

Here is the depth and deviations recorded on Mission
6 State #2 Vada #3 (Vada I Package - Well #2). *6-10-34*
I here by certify that the information contained
herein is a true and correct report on the well shown
above.

DATE	DEPTH	DEVIATION
12-12-81	600	1
12-18-81	1500	1
12-19-81	2631	1
12-21-81	2900	1
12-24-81	4195	1
12-26-81	4012	1
12-29-81	4755	1
12-30-81	4755	1
1-5-82	7100	1
1-6-81	7100	1
1-7-82	7845	1
1-19-82	9660	2
1-20-82	9660	2
1-23-82	9820	1 3/4

Ron Young
Ron Young
Project Coordinator

I Kay Paxton a Notary in and for Lea County,
State of New Mexico. Certify that Ron Young is
known to me to be the same person that executed the
above agreement, signed before me this 8th day of
March, 1982

Signed *Kay Paxton*
Notary Public

My Comission expires 8-1-82