

COPIES RECEIVED	
TRIBUTION	
FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Mesa Petroleum Co.	8. Farm or Lease Name Kemintz Wolfcamp Unit
3. Address of Operator 904 Gihls Tower West, Midland, TX 79701	9. Well No. 5
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>16 S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Kemintz L. Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4092' GR 4107' RKB	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Request temporary abandonment</u> <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This lease has been under gas lift for several years. Compressor problems and insufficient lease gas have greatly compounded the problem. An attempt to secure makeup gas from outside sources (Phillips & Tenneco) has failed. After a detailed study, a hydraulic pumping system appeared to be the best approach.

AFE's were submitted to working interest partners and approved copies are now being received. Installation of the first unit is planned for well number 5. Production should resume in early to mid-July.

Expires 4/1/77 (2)

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Michael P. Houston TITLE Division Engineer DATE June 7, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

XC: JLF, JWH, LMC, MEC, -3-NMOCC

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-110
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

1. Quantity		Pubco Petroleum Corporation	
Address		P. O. Box 869, Albuquerque, New Mexico 87103	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Well and lease name change from	
Recompletion	<input type="checkbox"/>	Sinclair State #1	
Change in Ownership	<input type="checkbox"/>		
Change in Transporter of:			
Oil	<input type="checkbox"/>		
Dry Gas	<input type="checkbox"/>		
Casinghead Gas	<input type="checkbox"/>		
Condensate	<input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Kemnitz L/Wolfcamp East Unit	5	Kemnitz Wolfcamp	State, Federal or Fee State
Location			
Unit Letter	C	660 Feet From The	N Line and 1980 Feet From The W
Line of Section	27	Township	16S Range 34E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas		
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)		
Phillips Petroleum Company	Bartlesville, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	1	22	16S
			Rge. 34E
Is gas actually connected?	Yes	When	9/8/64

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 allowable 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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Donald C. Walker
(Signature)
Area Supervisor
(Title)
4/28/71
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 6 1971, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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

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

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

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 10 1971

OIL CONSERVATION COMM.
HOBBS, N. M.

RECEIVED

APR 20 1971

OIL CONSERVATION COMM.
HOBBS, N. M.