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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

| | |
|---|---|
| Operator Mesa Petroleum Co. | |
| Address P. O. Box 2009, Amarillo, Texas 79105 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input 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"/> |
| To reflect gas sales connection | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------------|----------------------------|----------------------------|--|---|
| Lease Name Skelly State Com | Lease No. B-9970 | Well No. 1 | Pool Name, Including Formation Shoe Bar, North, Wolfcamp | Kind of Lease State, Federal or Fee State |
| Location | | | | |
| Unit Letter I | 1980 | Feet From The South | Line and 660 | Feet From The East |
| Line of Section 14 | Township 16S | Range 35E | , NMPM, Lea County | |

III. 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) |
| Permian Corporation | Box 1183, Houston, Texas 77001 |
| 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) |
| Tipperary Corporation | 500 W. Illinois, Midland, Texas 79701 |
| If well produces oil or liquids, give location of tanks. | Unit I Sec. 14 Twp. 16 Rge. 35 |
| Is gas actually connected? Yes, (low pres. gas) | When April 22, 1974 |

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. |
| | | X | | X | | | | X |
| Date Spudded 11-17-72 | Date Compl. Ready to Prod. 3-16-73 | Total Depth 13,200 | | P.B.T.D. 11,990 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3987 DF | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 10,456 | | Tubing Depth 11,787 | | | | |
| Perforations 10,456-10,474 (Wolfcamp) | | | | Depth Casing Shoe 12,150 | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13 3/8" | | 430' | | 400 | | | |
| 12 1/4" | 9 5/8" | | 4805' | | 675 | | | |
| 8 3/4" | 5 1/2" | | 12150' | | 950 | | | |
| | 2 7/8" | | 11787' | | | | | |

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 3-24-73 | Date of Test 4-29-74 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 | Tubing Pressure 95 | Casing Pressure 250 Flowing(Morrow) | Choke Size 38/64 |
| Actual Prod. During Test | Oil-Bbls. 72 | Water-Bbls. ----- | Gas-MCF 139 |

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.

Michael F. Houston
(Signature)

Production Engineer
(Title)

May 8, 1974
(Date)

4-NMOC, 1-Midland, 1-Dam, 1-mm,

OIL CONSERVATION COMMISSION

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 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 only Sections I, II, III, and VI 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.

