| | NO. OF COPIES RECEIVED | _ | | | | | | | |
|------|--|---|--|-------------------------------|--|--|------------------------------|--|--|
| | DISTRIBUTION NEW MEXICO OIL | | | | CONSERVA | ATION COMMIS | | Form C-104 | |
| | SANTA FE | ANTA FE REQUEST | | | | | Supersedes Old C-104 and C-1 | | |
| | FILE | | | | | | | Effective 1-1-65 | |
| | U.S.G.S. AUTHORIZATION TO TRAN | | | | | OIL AND N | ATURAL (| GAS | |
| | LAND OFFICE | | | | | | | | |
| | TRANSPORTER GAS GAS | | | | | | | | |
| | OPERATOR | | | | | | | | |
| ı. | PRORATION OFFICE | | | | | | | | |
| 1. | Operator Mesa Petroleum Co. | | | | | | | | |
| | Address | | | | | | | | |
| | Box 2009, Amarillo, Texas 79105 | | | | | | | | |
| | Reason(s) for filing (Check proper box) | | | | | Other (Please | explain) | | |
| | New Well Change in Transporter of: | | | | _ | Name char | nge: See | attached letter from | |
| | Recompletion Oil Dry G | | | | as | The state of the s | | | |
| | Change in Ownership | Casir | ighead Ga | s Conde | ensate | of Public | Lands. | | |
| | If change of ownership give name and address of previous owner | | | | | | | | |
| H. | DESCRIPTION OF WELL ANI | LEASE_ | | | | | | | |
| | Lease Name | | | _ | Name, Including Formation | | | Kind of Lease | |
| | | | | | th Shoe Bar Wolfcamp | | | State, Federal or Fee State | |
| | Location | 1000 | | G . 1 | | | | . . | |
| | Unit Letter I ; | Feet | From The | South Li | ne and | 660 | Feet From | The East | |
| | Line of Section 14 , T | ownship | 16S | Range | 35E | , NMPM, | Lea | County | |
| | Zine of Section 21 | | 200 | | | , | пса | | |
| III. | DESIGNATION OF TRANSPO | RTER OF C | DIL AND | NATURAL G | AS | ` | | | |
| | Name of Authorized Transporter of Oil 🐧 or Condensate | | | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| | Permian Corporation | | | | Box | Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) | | | |
| | Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | Give address to | which appro- | ved copy of this form is to be sent) | |
| | | Unit | Con 1 | Twp. Rge. | to and and | tually connected | ? (Who | 20 | |
| | If well produces oil or liquids, give location of tanks. | , | Sec. | 1 - | 1 - | rudily connected | | | |
| | | | 14 | | | | • - | | |
| | If this production is commingled v COMPLETION DATA | vith that from | n any oth | er lease or pool, | give comm | lingling order | number: | | |
| | | : (V) | Oil We | ll Gas Well | New Well | Workover | Deepen | Plug Back Same Res'v. Diff. Res'v | |
| | Designate Type of Complet | | <u>'</u> X | 1 | ļ | l 1 | <u> </u> | | |
| | Date Spudded | Date Com | - | | Total Depth | | | P.B.T.D. | |
| | 11/17/72 | 3/24/73 Name of Producing Formation | | | 13,200' Top Oil/Gas Pay | | | 11,990¹ Tubing Depth | |
| | Pool North Chas Ran | | | | | | | | |
| | North Shoe Bar Perforations | · WO | fcamp | | 10,456' | | | 10,471' Depth Casing Shoe | |
| | Performance | | | | | | | | |
| | TUBING, CASING, ANI | | | | | ING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | |
| | 17-1/2" | | 13-3/8" | | | 430' | | 400 | |
| | 12-1/4" | | 9-5/8" | | | 48051 | | 675 | |
| | 8-3/4" | 5-1/2" | | | 12150' | | | 950 | |
| | | | <u>7/8'' </u> | | | 10471' | | <u> </u> | |
| V. | | FOR ALLO | WABLE | (Test must be able for this d | after recovery | y of total volum or full 24 hours) | e of load oil | and must be equal to or exceed top allou | |
| | OIL WELL. Date First New Oil Run To Tanks Date of Test | | | | | Method (Flow, | pump, gas li | (t, etc.) | |
| | 3/24/73 | 3/26/73 | | | Flow | | | | |
| | Length of Test | Tubing Pr | essure | | Casing Pressure | | | Choke Size | |
| | 24 | 100 | 100-200 psi | | | | | 38/64" | |
| | Actual Prod. During Test | Oil-Bbls. | | | Pkr. Water-Bb | ls. | - | Gas-MCF | |
| | | 336 B. O. | | | | 0 | | 588 | |
| | | | | | | | | | |
| | Actual Prod. Test-MCF/D Length of Test | | | | DLI- C | Bbls. Condensate/MMCF | | Committee of Condition | |
| | Actual Prod. Test-MCF/D | Length of | rest | | BDIS. Con | idensate/MMCF | | Gravity of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pr | Tubing Pressure | | | Casing Pressure | | Choke Size | |
| 1/- | 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 | | | | | OIL CONSERVATION COMMISSION | | | |
| ¥1. | | | | | OIL CONSERVATION COMMISSION | | | | |
| | | | | | APPRO | APPROVED, 19 | | | |
| | | | | | BY | | | The state of the s | |
| | above is true and complete to t | above is true and complete to the best of my knowledge and belief | | | | | | <u> </u> | |
| | | | | | TITLE | | | | |
| | 1/1 // | | This form is to be filed in compliance with RULE 1104. | | | | | | |
| | Mand | | | | | Inis form is to be fried in compilance with RULE 1104. | | | |

ffmul (Signature)

J. L. Farrell, Operations Superintendent

November 1, 1973

VC - C State Com. Herris

(Title)

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.