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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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"/>	To reflect gas connection date.
Recompletion <input type="checkbox"/>	
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 Hilburn	Lease No.	Well No. 1	Pool Name, Including Formation Shoe Bar, North, Strawn,	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter E	1980	Feet From The North Line and 660	Feet From The West	
Line of Section 13	Township 16S	Range 35E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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 Co.	P. O. Box 1510, Midland, Texas 79701	
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)	
Tipperary Corporation	500 W. Illinois, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13
	Twp. 16	Rge. 35
	Is gas actually connected? Yes	
	When April 22, 1974	

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-249**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-2-73	Date Compl. Ready to Prod. 9-28-73	Total Depth 12,015'	P.B.T.D. 11,620'					
Elevations (DF, RKB, RT, GR, etc.) 3967' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,288'	Tubing Depth 11,233'					
Perforations 11289-94, 11302-08, 11316-20, 11324-28, 11332-56 (2JSPF)			Depth Casing Shoe 12,014'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	448'	450					
11 "	8 5/8"	4798'	600					
7 7/8"	5 1/2"	12014'	900					
5 1/2"	2 7/8"	11233'						

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 9-28-73	Date of Test 4-27-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 1495	Casing Pressure pkf	Choke Size 17/64
Actual Prod. During Test	Oil - Bbls. 690	Water - Bbls. -----	Gas - MCF 1250

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 P. Houston
(Signature)

Production Engineer

(Title)

May 7, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John D. Raney
Director, Supv.

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

