e⁄ 1.	NO. OF COPILS RECEIVED DETRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Mesa Petroleum Co Address Box 2009, Amarillo Reason(s) for filing (Check proper box, New Well Recompletion Change in Ownership	REQUEST AUTHORIZATION TO TPA	TO VIE AN ANY ANY ANY ANY ANY ANY ANY ANY ANY	S MUST NOT BE
	If change of ownership give name   THIS WILL HAS BEEN PLACED IN THE POOL     and address of previous owner			
11.	Lease Name Well No. Pool Name, Including Formation R-4743 Kind of Lease			
	Gilmore I North Shoe Bar (Wolfcamp) State, Federal or Fee Fee   Location Unit Letter M; 740 Feet From The South Line and 740 Feet From The West			
	Unit Letter <u>M</u> ; <u> </u>	<u>40</u> Feet From The <u>South</u> Lin	e and 740 Feet From T	he <u> W est</u>
	Line of Section 7, Tow	unship 16S Rance	<u>36 е.                                    </u>	Lea County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Oil Permian Corp.	or Condensate	Address (Give address to which approve	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)	
		Unit Sec. Twp. Rge.	Is gas actually connected? When	n
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 7 16S 36E	No	
If this production is commingled with that from any other lease or pool, give commingling order number:				<u></u>
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen				Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completio	A	X	
	Date Spudded 11-8-73	Date Compl. Ready to Prod. 1-3-74	Total Depth	р.в.т.d. 10.627
	Pool	Name of Producing Formation	11,593 Top Oil/Gas Pay	Tubing Depth
	N. Shoe Bar	Wolfcamp	10,512	10,440 Depth Casing Shoe
	Perforations 10,512-10,525 & 10,548-556 w/2 JSPF		10,663	
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	<u>DEPTH SET</u> 397'	SACKS CEMENT
	12 1/4"	9 5/8"	4160'	600
	8 3/4"	5 1/2"	10,663'	725
<b>N</b> 7	TECT DATA AND BEOUEST E	DP ALLOWARIE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed ton allow.
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 able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks 1-3-74	Date of Test 1-5-74	Producing Method (Flow, pump, gas lift Flow	, etc.,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	6 Hrs.	630	Pkr. Water-Bbls.	28/64'' Gas-MCF
	Actual Prod. During Test 223 BO & 18 BW	Oil-Bbls. 892	72.	1.412
	$-\underline{-243} \text{ DU } \times 10 \text{ DW} - \underline{974}  $			
	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	I. 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 Hanton (Signature) Production Engineer (Title)			
• ••			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 allow- able on new and recompleted wells.	
	January 7, 1974	te)	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 completed wells.	be filed for each pool in multiply
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