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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-1
Effective 1-1-65

I. Operator
Mesa Petroleum

Address
1000 Vaughn Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wiser	Well No. 1	Pool Name, Including Formation North Shoe Bar, Wolfcamp	Kind of Lease State, Federal or Fee Fee
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Location

Unit Letter L ; 1980 Feet From The South 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1558, Breckenridge, Texas 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) 500 W. Illinois, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>13</u>	Twp. <u>16</u>	Rge. <u>36</u>	Is gas actually connected? Yes (Previous Conn)	When <u>8-21-74</u>
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If this production is commingled with that from any other lease or pool, give commingling order number: Applied for (12-15-77)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
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Date Spudded <u>W.O. Commenced</u> <u>11-4-77</u>	Date Compl. Ready to Prod. <u>11-10-77</u>	Total Depth <u>11,985'</u>	P.B.T.D. <u>10,365'</u>
Pool <u>North Shoe Bar</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>10,245'</u>	Tubing Depth <u>10,203'</u>
Perforations <u>10,248' - 256'</u>			Depth Casing Shoe <u>11,985'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17½</u>	<u>13</u>	<u>370</u>	<u>400</u>
<u>12½</u>	<u>9-5/8</u>	<u>4166</u>	<u>600</u>
<u>8½</u>	<u>4½</u>	<u>11985</u>	<u>1750</u>

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 <u>11-10-77</u>	Date of Test <u>12-19-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24</u>	Tubing Pressure <u>30-60</u>	Casing Pressure <u>Pkr</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>70</u>	Water - Bbls. <u>21 (load water)</u>	Gas - MCF <u>211</u>

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)

Division Engineer
(Title)

12-22-77
(Date)

XC- FILE JWH, RHN, MEC, NMOCC, FILE

OIL CONSERVATION COMMISSION
APPROVED DEC 27 1977, 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 ownership, well name or number, or transporter, or other such change of conditions.

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

