DISTRIBUTION Form C -104 NEW MEXICO OIL CONSERVATION COMMIS Supervedes Old C-104 and C-110 SANTAF REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Mesa Petroleum Co. P. O. Box 2009, Amarillo, Texas 79105 Reason(s) for filing (Check proper box) Other (Please explain) Request testing allowable of 3000 BO for Strawn Dry Gas Oil Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. | Pool Name, Including Formation State, Federal or Fee Shoe Bar, North, Strawn 1 Wiser <u>West</u> 1980 Feet From The South Line and 660 __ Feet From The _ 35E Lea , NMPM. Line of Section 13 , Township 16 S Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil X Box 2256, Wichita, Kansas 67201 Koch Oil Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When Sec. Is gas actually connected? Rge. 35 Unit Twp. If well produces oil or liquids, L 13 16 No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Plug Back New Well Workover Deepen Designate Type of Completion - (X) X X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 11,949 11,985 5-5-74 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Pool 11,277 Strawn 3979 RKB 3966 GR Depth Casing Shoe Perforations 11,985 11,284-332 (Select Intervals) TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 13" 3701 400 17 1/2'' 12 1/4'' 9 5/8" 41661 <u>600</u> 4 1/2" 11985 1750 8 1/2" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water - Bbls. Actual Prod. During Test Oil-Bbls.

Gravity of Condensate Bbls. Condensate/MMCF Casing Pressure Choke Size OIL CONSERVATION COMMISSION

APPROVED.

TITLE _

Fee

County

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Frod. Test-MOF/D

GAS WELL

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.

Date

Michael P. Houston

Length of Test

Tubing Pressure

Production Engineer

June 21, 1974 x : 4 + 1) x 10 0 0 0 0 0

1 10 110

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.

If this is a request for allowable for a newly drilled or deepened

This form is to be filed in compliance with RULE 1104.

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 multip completed wells.

