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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 <b>Mesa Petroleum Co.</b>	
Address <b>P. O. Box 2009, Amarillo, Texas 79105</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request for allowable for Morrow. Wolf camp will be produced up tubing with Morrow gas produced up annulus.
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 \_\_\_\_\_

Lease Name <b>Monsanto State</b>		Lease No. <b>K-5953</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Townsend, Morrow</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location					
Unit Letter <b>K</b>	<b>1980</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>East</b>	<b>Midland</b>
Line of Section <b>14</b>	Township <b>16S</b>	Range <b>35E</b>	, NMPM, <b>Lea</b>		County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>Koch Oil Company</b>		<b>P. O. Box 2256, Wichita, Ks 67201</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>Tipperary Corporation</b>		<b>500 W. Illinois, Midland, TX 79701</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>14</b>	Twp. <b>16S</b>	Rge. <b>35E</b>	Is gas actually connected? <b>No</b>	When Construction in progress. <b>Est. conn. date 2-24-75.</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion -- (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<b>X</b>	<b>X</b>					
Date Spudded <b>11-10-74</b>	Date Compl. Ready to Prod. <b>1-15-75</b>	Total Depth <b>12,012'</b>		P.B.T.D. <b>11,914</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3993 RKB, 3980 GR</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>11,848</b>		Tubing Depth <b>11,799</b>					
Perforations <b>11,849 - 869</b>		Depth Casing Shoe <b>12,012</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<b>17 1/2</b>	<b>13 3/8</b>	<b>358</b>		<b>375</b>					
<b>12 1/4</b>	<b>9 5/8</b>	<b>4168</b>		<b>350</b>					
<b>8 1/2</b>	<b>4 1/2</b>	<b>12012</b>		<b>975</b>					
	<b>2 3/8</b>	<b>11799</b>							

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D <b>2400</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>Flared, not gauged</b>	Gravity of Condensate <b>NA</b>
Testing Method (pitot, back pr.) <b>Pitot</b>	Tubing Pressure <b>375</b>	Casing Pressure <b>Pkr</b>	Choke Size <b>32/64</b>

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.	
<b>Michael P. Houston</b> (Signature) Production Engineer (Title) February 21, 1975 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <b>AKK 11 1975</b>	19
BY <b>[Signature]</b>	
TITLE <b>SUPERVISOR DISTRICT 1</b>	
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 completed wells.	

XC:4-NMOCC  
1-Midland

FEB 24 1970