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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-110
Effective 1-1-65

Operator Mesa Petroleum Co.		
Address 904 Gihls Tower West, Midland, Texas		
Reason(s) for filing (Check proper box)		Other CASINGHEAD GAS MUST NOT BE EXEMPTED AFTER 8/6/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Knowles	Well No. 4	Pool Name, Including Formation Casey, Strawn	Kind of Lease State, Federal or Fee Fee
Location Unit Letter B, 660 Feet From The North Line and 1980 Feet From The East Line of Section 34, Township 16S, Range 37E, 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256, Wichita, Kansas 67202	
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)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 34
	Twp. 16	Rge. 37
	Is gas actually connected? No	
	When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-11-75	Date Compl. Ready to Prod. 6-5-75		Total Depth 11,900'		P.B.T.D. 11,615'			
Pool Casey	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,354'		Tubing Depth 11,292'			
Perforations 11,354'-59', 11,365'-82', 11,385'-96,					Depth Casing Shoe 11,900'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	13 3/8		355		350			
11	8 5/8		4195		300			
7 7/8	4½		11,900		200 + 550			

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 6-6-75	Date of Test 6-8-75	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 325	Casing Pressure Pkr	Choke Size 28/64
Actual Prod. During Test 530 x 660	Oil-Bbls. 530	Water-Bbls. -----	Gas-MCF 660

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)

June 9, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Remyan
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 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 multiply completed wells.

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JUN 11 1975

U.S. CONSERVATION SERVICE
DEBBS, W. M.