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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

I. Operator: Mesa Petroleum Co.  
Address: 904 Gihls Tower West, Midland, Texas 79701  
Reason(s) for filing (Check proper box):  
New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain): To show actual gas connection date.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: West Knowles  
Well No.: 5  
Pool Name, including Formation: West Knowles, Drinkard  
Kind of Lease: State, Federal or Fee Fee  
Location:  
Unit Letter: H; 1980 Feet From The North Line and 660 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 ☒ or Condensate ☐  
Koch Oil Company  
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 ☒ or Dry Gas ☐  
Phillips Petroleum Co.  
Address (Give address to which approved copy of this form is to be sent): 311 Phillips Building, Odessa, Texas 79760  
If well produces oil or liquids, give location of tanks: Unit: H, Sec: 34, Twp: 16S, Rge: 37E  
Is gas actually connected? Yes  
When: 7-28-75

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)  
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  
Pool: Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  
Perforations: Depth Casing Shoe:  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:

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: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:  
Testing Method (pilot, 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  
Division Engineer  
August 12, 1975  
OIL CONSERVATION COMMISSION  
APPROVED: AUG 13 1975, 19  
BY: John Rangan  
TITLE: Geologist  
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.