

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-105
Effective 1-1-65

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

I. Operator
Mesa Petroleum Co
Address: 1000 Vaughn Building, 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 reflect connection of casinghead sales gas line

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Houston	Well No. 1	Pool Name, Including Formation Shoe Bar, North-Wolfcamp	Kind of Lease State, Federal or Fee Fee
Location Unit Letter <u>D</u> ; <u>510'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u>			
Line of Section <u>18</u> , Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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, Breckinridge, 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>D</u> Sec. <u>18</u> Twp. <u>16</u> Rge. <u>36</u>	Is gas actually connected? Yes	When September 3, 1977	

If this production is commingled with that from any other lease or pool, give commingling order number: Applied for 8-22-77

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 6-15-77	Date Compl. Ready to Prod. 8-6-77		Total Depth 11,519'		P.B.T.D. 11,477'			
Pool Shoe Bar, North	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,302'		Tubing Depth 10,458'			
Perforations 10,509', 10,526'-532', 10,534'-541', 10,560'					Depth Casing Shoe 11,518'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	355	400
12-1/4	9-5/8	4165	1300 + 300 + 200
8-3/4	5-1/2	11,518	1000
-	2-3/8	10,458	-

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 (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)
9-8-77
(Date)

OIL CONSERVATION COMMISSION

SEP 12 1977

APPROVED _____, 19____

BY _____
TITLE _____
Dist. 1, Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completion wells.

9 107
U.S. COAST & GEOD. SURV.
HOBOKEN, N. J.