

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

Operator Mesa Petroleum Co.	
Address P. O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lister	Well No. 2	Pool Name, including Formation North Shoe Bar - Strawn	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>16S</u> Range <u>35E</u> , 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"/> Texas - New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510/Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input 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 E	Sec. 13
	Twp. 16S	Rge. 35E
	Is gas actually connected? Yes	
	When 6-21-84	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-249

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 <input type="checkbox"/>
Date Spudded 5-10-84	Date Compl. Ready to Prod. 6-19-84		Total Depth 11,550'		P.B.T.D. 11,412'			
Elevations (DF, RKB, RT, GR, etc.) 3966' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,323'		Tubing Depth 11,196'			
Perforations 11,323'---11,378'					Depth Casing Shoe 11,562'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		418'		400			
11"	8 5/8"		4150'		2500/200			
7 7/8"	5 1/2"		11,562'		330/435			

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 6-9-84	Date of Test 6-20-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 13	Tubing Pressure 140	Casing Pressure Packer	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 698	Water - Bbls. Trace	Gas - MCF 1500

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. E. Mark
(Signature)
Regulatory Coordinator

6-21-84

(Title)

(Date)

IC: NMOCD-H(0+ 6), CEN RCDS, ACCTG, GAS CONT, RES ENG,
MPL FILE MIDLAND ROSWELL HORRIS T-NMPC, TIP, CORP

OIL CONSERVATION DIVISION

JUN 25 1984

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE _____

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 deviate 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.

RECEIVED
JUN 21 1984
O.C.D.
HARBOR OFFICE