

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Mesa Petroleum Co.

Address
P.O. Box 2009, Amarillo, TX 79189

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
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
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE				
Lease Name Hilburn	Well No. 2	Pool Name, including Formation Shoebar Wolfcamp North	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C	1190	Feet From The north	Line and 1980	Feet From The west
Line of Section 13	Township 16S	Range 35E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Co.		P. O. Box 2528 - Hobbs, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Tipperary Corporation		P.O. Box 3179, Midland, Texas 79702		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13	Twp. 16S	Rge. 35E
Is gas actually connected?		When		
Yes		10-8-85		

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-249/PLC-51**

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 8-15-85	Date Compl. Ready to Prod. 10-2-85	Total Depth 11,500'	P.B.T.D. 11,403'
Elevations (DF, RKB, RT, GR, etc.) 3967' GR	Name of Producing Formation WC 3 Brothers Bank	Top Oil/Gas Pay 10,448'	Tubing Depth 10,292'
Perforations 10,448'-10,486'		Depth Casing Shoe 11,500'	

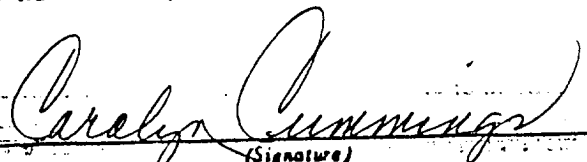
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	4146'	2380
7 7/8"	5 1/2"	11500'	760
17 1/2"	13 3/8"	405'	425

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 10-2-85	Date of Test 10-4-85	Producing Method (Flow, pump, gas lift, etc.) flow	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 264	Water-Bbls. 13	Gas-MCF 528

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

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.


Regulatory Clerk
(Title)

OIL CONSERVATION DIVISION
OCT 10 1985

APPROVED _____, 19____

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 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.

