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| | TRANSPORTER GAS | | | | | |
| | OPERATOR | | | | | |
| | PRORATION OFFICE | | | | | |
| | Operator | | | | | |
| i | Mesa Petroleum | Co | • | | | |
| | Address | | | | | |
| | P. O. Box 2009 | | | | ο, | Tex |
| | Reason(s) for filing (Check) | oropei | box) | • | | |
| | New Well XX | | | 1 | Chan | ge ir |
| | Recompletion | | | | 011 | |
| | Change in Ownership | | | | Casi | nghe |
| | If change of ownership giverand address of previous of | | | d. 343 | 0 Di | TEN TOTAL |
| I. | DESCRIPTION OF WEI | L A | ND | HIS C | EFIC E | Œ. |
| | Lease Name | | - | 1 | Well | No. |

| - | SANTA FE | REQUEST FO | OR ALLOWABLE | Supersedes Old C-10\$ and C-7 Effective 1-1-65 | | | | | |
|---|--|---|--|---|--|--|--|--|--|
| | FILE | | AND | | | | | | |
| _ | U.S.G.S. | AUTHORIZATION TO TRAN | ISPORT OIL AND NATURAL O | 5A5 | | | | | |
| - | LAND OFFICE | | | | | | | | |
| | TRANSPORTER GAS | | | | | | | | |
| - | OPERATOR | | • | | | | | | |
| | PRORATION OFFICE | | | | | | | | |
| • | Operator | | | • | | | | | |
| | Mesa Petroleum Co. | | | | | | | | |
| | Address | | | | | | | | |
| - | P. O. Box 2009 / Amarillo, Texas 79189 (cason(s) for filing (Check proper box) Other (Please explain) | | | | | | | | |
| | | | | | | | | | |
| | Recompletion | Oil Dry Gas | CASING DEAD | 11-28-83 | | | | | |
| Change in Ownership Casinghead Gas Condensate | | | | | | | | | |
| L | change of ownership give name at who over placed in The Foot Id address of previous owner | | | | | | | | |
| 1 | f change of ownership give name in address of previous owner in the contract of the contract o | A MINO CHEN PLACED IN THE ECOL | 20 03111111111 | | | | | | |
| | 12777 | MS OFFICE. | 0.1296 | 1-1-83 | | | | | |
| EW. | DESCRIPTION OF WELL AND D | Well No. Pool Name, Including For | mation Kind of Leas | e Lease No. | | | | | |
| | Jan | 1 Undes. Scharb- | Bone Springs XXXXXXX | XXI(Fee) | | | | | |
| | ocation | | | | | | | | |
| | Unit Letter L 1980 Feet From The South Line and 660 Feet From The West | | | | | | | | |
| | 3.4 | 100 - 2 | | Lea County | | | | | |
| | Line of Section 34 Tov | whip 185 Range 3 | 5E , NMPM, | Lea County | | | | | |
| | THE ANGEODE | TER OF OIL AND NATURAL GAS | | | | | | | |
| il. | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which appro | wed copy of this form is to be sent) | | | | | |
| | The Permian Corporat: | ion | P. O. Box 1183 / Houst | on, Texas 77001 | | | | | |
| | Name of Authorized Transporter of Car | singhead Gas or Dry Gas | Address (Give address to which appro | oved copy of this form is to be sent) | | | | | |
| | | | What is a second of the second | nen | | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Is gas actually connected? Wi | ien | | | | | |
| | give location of tanks. | L 34 188 35E | | | | | | | |
| | | th that from any other lease or pool, g | give commingling order number: | | | | | | |
| ٧. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Re | | | | | |
| | Designate Type of Completic | | X | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| | 8-17-83 | 9-15-83 | 10,980' Top Oil/Gas Pay | 9480 Tubing Depth | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) 3857.5° GR | Name of Producing Formation Bone Springs : K-PK | 8920 · | 9410 | | | | | |
| | Periorations | Bone oprings ://C-4/0 | | Depth Casing Shoe | | | | | |
| | 8920' 9311' | | | | | | | | |
| | | TUDING, CASING, AND | CEMENTING RECORD | | | | | | |
| | . HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT Tied back to surf. fro | | | | | |
| | 17 1/2" | 11 3/4" | 405 ' 3992 ' | 8072' w/ 5 1/2" csg | | | | | |
| | 11" | 8 5/8" | 10,980' | patch. | | | | | |
| | 7 7/8" | 5 1/2" 2 7/8" | 9410' | TAC 9157'. | | | | | |
| | | | 1 | | | | | | |
| ٧. | TEST DATA AND REQUEST FOR ALLOWABLE. (Test must be after recovery of total volume of load oil and must be equal to or exceed to year that I | | | | | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | | | | | | |
| | 9-8-83 (Swab) | 9-25-83 | Pumping 2 1/2" X 1 1/ | Choke Size | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | 0.1024 5124 | | | | | |
| | 24 hours | OIL Phile | Packer Water - Bbls. | Gas-MCF | | | | | |
| | Actual Prod. During Test | Cil-Bhls. | 0 | TSTM | | | | | |
| | | | | | | | | | |
| | GAS WELL | | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | | |
| | | | 461-462 | Choke Size | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Chick City | | | | | |
| | | | All Control | /ATION COMMISSION | | | | | |
| V | . CERTIFICATE OF COMPLIAN | NCE | OIL CONSERV | A LIOIA COMMISSION | | | | | |
| | | Completions of the O'l Company of the | APPROVED SEP 28 1983 . 19 | | | | | | |
| | | i regulations of the Oil Conservation with and that the information given | DOIGHNAL SIGNE | APPROVED SEP 28 1983 . 19 | | | | | |
| | above is true and complete to the | he best of my mowisage and parrar. | II DISTRICT | | | | | | |
| X | C: NMOCD-H(O+6), CEN RCI | DS, ACCTG, MAT CONT, GAS | TITLE | | | | | | |
| | ONT, OPS(FILE), MIDLAND, ROSWELL, PARTNERS, P, | | This form is to be filed in compliance with RULE 1104. | | | | | | |
| ע | | | | | | | | | |
| | (St. | gnature) | mell, this form must be accom | tests taken on the west in accordance with nough 11th | | | | | |
| | REGULATORY (| | att annelong of the form | | | | | | |
| | · | Title) | phin on now and second ated | eble on new and recommented works. Fill out only Special I, II, III, and VI for charge of capacity of other such change of capacity. | | | | | |
| | 9-26- | | well name or number, extranap | orter, or other such change of con- | | | | | |
| | (| Date) | | | | | | | |

SEP 27 1983