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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-11
Effective 1-1-65

I.

Operator <u>Ammer Petroleum, Inc. <i>Carter Operating, Inc.</i></u>	
Address <u>Box 10507 Midland, TX 79702</u>	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mesa State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>West Reeves Queen Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>L-5467</u>
Location				
Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u>				
Line of Section <u>20</u> Township <u>18S</u> Range <u>35E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Llano, Inc.</u>	<u>Box 1320 Hobbs, NM 88240</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
Is gas actually connected?	When			
<u>yes</u>	<u>12/5/83</u>			

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>1/28/82</u>	Date Compl. Ready to Prod. <u>4/23/82</u>		Total Depth <u>4745</u>		P.B.T.D. <u>--</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3933 GR</u>	Name of Producing Formation <u>Queen</u>		Top Oil/Gas Pay <u>4406</u>		Tubing Depth <u>4357</u>			
Perforations <u>4406 - 4468</u>					Depth Casing Shoe <u>4359</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8" 23#</u>		<u>1030</u>		<u>550 sx circ.</u>			
<u>7 7/8"</u>	<u>4 1/2" 11.5#</u>		<u>4745</u>		<u>1350 sx</u>			

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 <u>164</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF <u>TSTM</u>	Gravity of Condensate <u>TSTM</u>
Testing Method (pilot, back pr.) <u>back pressure</u>	Tubing Pressure (Shut-in) <u>1333</u>	Casing Pressure (Shut-in) <u>--</u>	Choke Size <u>various</u>

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.

[Signature]
(Signature)
Operations Mgr.
(Title)
12/13/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1984, 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 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 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.

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HOBBS OFFICE

WELL NAME AND NUMBER Mesa State No. 2
LOCATION 1980' FSL; 1980 FEL Section 20, T18S, R35E
OPERATOR Collier Energy
DRILLING CONTRACTOR Salazar Brothers Drilling, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/2° at 520 ft.</u>	<u>1 1/2° @ 3255 ft.</u>	<u> </u>
<u>3/4° @ 1032 ft.</u>	<u>1° @ 4220 ft.</u>	<u> </u>
<u>1° @ 1420 ft.</u>	<u>1° @ 4544 ft.</u>	<u> </u>
<u>1° @ 1837 ft.</u>	<u>1° @ 4740 ft.</u>	<u> </u>
<u>3/4° @ 2300 ft.</u>	<u> </u>	<u> </u>
<u>1° @ 2797 ft.</u>	<u> </u>	<u> </u>
<u>1° @ 3281 ft.</u>	<u> </u>	<u> </u>

Drilling Contractor SALAZAR BROTHERS DRILLING, INC.

By: [Signature]
Title: Secretary-Treasurer

Witnessed and sworn to before me this 11th day of February
1982

[Signature]
Notary Public

My Commission Expires: County

NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires:
Notary Public