

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

1. OPERATOR	
Operator Mesa Petroleum Co.	
Address P. O. Box 2009 / Amarillo, Texas 79189-2009	
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) CASINGHEAD GAS MUST NOT BE FLARED AND UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

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.

3. DESCRIPTION OF WELL AND LEASE				
Lease Name Wood State	Well No. 1	Pool Name, including Formation Unders. Scharb Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. 964
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>18 South</u> Range <u>35 East</u> , NMPM, Lea County				

4. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 / Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Undetermined	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 33	Twp. 18S	Rge. 35E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____
5. COMPLETION DATA

Designate Type of Completion - (X)		Oil well <input checked="" type="checkbox"/>	Gas well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 12-16-82	Date Compl. Ready to Prod. 1-19-83	Total Depth 10,800'		P.B.T.D. 10,677'					
Elevations (DF, RKB, RT, GR, etc.) 3911.5' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,423		Tubing Depth					
Perforations 10,423-10,466		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

6. 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 2-16-83	Date of Test 2-24-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 7 (load)	Gas-MCF 40

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

7. 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. XC: NMOC-D-H (O+6), CEN RCDS, ACCTG, ENG, GAS CONT, OPS(FILE), MIDLAND, HOBBS, D&M, PERMIAN, PARTNERS	
R. F. Mathis (Signature) REGULATORY COORDINATOR (Title) MARCH 9, 1983 (Date)	
OIL CONSERVATION DIVISION APPROVED MAR 14 1983 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 all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-completed wells.	