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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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  
Mesa Petroleum Co.  
Address  
P.O. Box 2009, Amarillo, TX 79189  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Compton State  
Well No.: 1  
Pool Name, including Formation: Airstrip Bone Springs  
Kind of Lease: State, Federal or Fee: LG-  
Lease No.: 3425  
Location  
Unit Letter: C; 330 Feet From The north Line and 1980 Feet From The west  
Line of Section: 35 Township: 18 South Range: 34 East, NMPL, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Koch Oil Company  
Address (Give address to which approved copy of this form is to be sent): 2705 Wilco Bldg., Midland, TX 79702  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Warren Petroleum Co. - ATTN: Mark A. Thomas  
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1150, Midland, TX 79702  
If well produces oil or liquids, give location of tanks:  
Unit: C Sec.: 35 Twp.: 18S Rge.: 34E  
Is gas actually connected? No When:

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)  
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:  
Elevations (DF, RKB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:  
Perforations: Depth Casing Shoe:  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:

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 oil able 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: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:  
Testing Method (Pilot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:

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.  
R.E. Mathis (Signature)  
Regulatory Agent (Title)  
9/19/84 (Date)

OIL CONSERVATION COMMISSION  
APPROVED: SEP 20 1984  
BY: [Signature]  
TITLE: [Signature]  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the depth tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of conditions.  
xc: NMOC-D-H (O+3), Cen Rcds, Acctg, Res Eng, Gas Cont, Midland, Hobbs Prod, Partners, Koch, Warren