

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.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Mesa Petroleum Co.

Address  
P. O. Box 2009 / Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	FLAMED AFTER 12-1-83
	Dry Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
	Condensate <input type="checkbox"/>	IS OBTAINED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Fowler

Well No.: 1

Pool Name: Southeast

Under: Scharb-Wolfcamp

Kind of Lease: LEASE

Location: Unit Letter G; 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 14 Township 19S Range 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
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 ☐ or Dry Gas ☐

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	Sec.	Twp.	Rge.
G	14	19S	35E

Is gas actually connected? 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)

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded: 8-10-83

Date Compl. Ready to Prod.: 8-25-83

Total Depth: 10,800'

P.B.T.D.: 10,564'

Elevations (DF, RAB, RT, CR, etc.): 3764.9' GR

Name of Producing Formation: Wolfcamp

Top Oil/Gas Pay: 10,382'

Tubing Depth: 10,384'

Perforations: 10,382' - 10,464'

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	595'	650
12 1/4"	9 5/8"	5900'	2900/200
8 3/4"	5 1/2"	12,590'	550
	2 7/8"	10,384'	

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: 8-25-83 (Swab)

Date of Test: 10-4-83

Producing Method (Flow, pump, gas lift, etc.): Pumping

Length of Test: 24 hours

Tubing Pressure: NA

Casing Pressure: 20 psi

Choke Size: NA

Actual Prod. During Test: 12

Oil-Bbls.: 0

Water-Bbls.: 0

Gas-MCF: TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

XC: NMOCD-H (O+2), CEN RCDS, ACCTG, MAT CONT, RES ENG, ROSWELL, MIDLAND, OPS(FILE), PARTNERS, PERMIAN

R.E. Mathis  
(Signature)  
Regulatory Coordinator  
(Title)  
10-7-83  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 device 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 well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-

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