

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| 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: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/28/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|---|--------------------------|----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No |
| Vacuum State | 1 | Scharb-Bone Springs | State, Federal or Fee LG | 740 |
| Location | | | | |
| Unit Letter | J | 1980 Feet From The South Line and 1980 Feet From The East | | |
| Line of Section | 4 | Township 19 South Range 35 East, NMPM, Lea County | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| The Permian Corporation | P.O. Box 1183 / Houston, Texas 77001 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| To be determined | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | J 4 19 35 No |

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' |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 1-19-83 | 3-25-83 | 10,800' | 10,285 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3889.3' GR 3904'RKB | Bone Springs | 9,498 | 9,378' | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 9498' - - - 9672' | | | 10,797' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17 1/2" | 13 3/8" | 503' | 500 | | | | | |
| 12" | 8 5/8" | 3998' | 1450/300 | | | | | |
| 7 7/8" | 5 1/2" | 10,797' | 710/785/200 | | | | | |
| | 2 7/8" | 9,378' | | | | | | |

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.) | |
| | 3-28-83 | Flowing | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 16 1/2 | 30-60 psi | Packer | 1" |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 190 | 2 | TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

I. 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
MAT CONT, OPS(FILE), MIDLAND, HOBBS, PERMIAN,
PARTNERS*R. E. Martin*

(Signature)

REGULATORY COORDINATOR

(Title)

MARCH 29, 1983

(Date)

OIL CONSERVATION DIVISION

MAR 31 1983

APPROVED

ORIGINAL SIGNED BY EDDIE SEAY

BY

TITLE OIL & GAS INSPECTOR

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 dev
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of condSeparate Forms C-104 must be filed for each pool in mu
completed wells.