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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-105
Effective 1-1-65

Operator Mesa Petroleum Co.	
Address P. O. Box 2009 / Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Vacuum State	Well No. 2	Pool Name, including Formation Scharb-Wolfcamp	Kind of Lease State XXXXX XXXXX LG	Lease No. 740
Location				
Unit Letter D	660	Feet From The North	Line and 660	Feet From The West
Line of Section 10	Township 19 South	Range 35 East	NMPM,	Lea County

II. 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)		
Texas-New Mexico Pipeline Company		P. O. Box 1510 / Midland, Texas 79702		
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)		
Warren Petroleum Co. (Attn: Mark A. Thomas)		P. O. Box 1150 / Midland, Texas 79702		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 19S	Rge. 35E
Is gas actually connected?		When		
Yes		5-26-83		

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

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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 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	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.	
XC: NMOCD-H(0+6), GEN RCDS, ACCTG, MAT CONT, GAS CONT, PROD RCDS(FILE), TNP, WARREN, PARTNERS, MIDLAND, ROSWELL, D&M	
R. J. Mark	
(Signature)	
Regulatory Coordinator	
(Title)	
9-1-83	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED SEP 6 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 deepened well, this form must be accompanied by a tabulation of the devt. 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 changes of well name or number, or transporter or other such change of condi.	

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G.C.D.
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