

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Operator Melzer Exploration Company	Well API No. 0-025-31375
Address P. O. Box 2083, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bilberry	Well No. 2	Pool Name, including Formation House Yates/Seven Rivers	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter F	2080	Feet From The North	Line and 1980	Feet From The West
Section 6	Township 20S	Range 39E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 76102			
Sid Richardson Carbon & Gasoline Co.	First City Bank Tower, 201 Main St, Ft. Worth, TX			
If well produces oil or liquids, give location of tanks.	Unit F1	Sec.	Twp.	Rge.
Is gas actually connected?	Yes		When ?	11-1-91

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'v
		X	X					
Date Spudded 9/6/91	Date Compl. Ready to Prod. 11-5-91		Total Depth 3225		P.B.T.D. 3184			
Elevations (DF, RKB, RT, GR, etc.) 3591.6 GL/3606 KB	Name of Producing Formation Yates/Seven Rivers		Top of Gas Pay 2866		Tubing Depth 3165			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/2		8-5/8		288		190 SX "C"		
7-7/8		4-1/2		3223		700 SX "C" Lite 100 "C"		
--		2-3/8		3165		---		

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.)

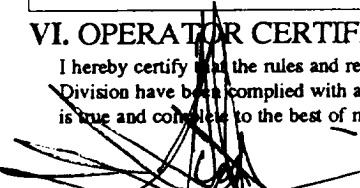
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 766	Length of Test 4 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) 2" Orifice Well Tester	Tubing Pressure (Shut-in) 844	Casing Pressure (Shut-in) NA	Choke Size 1.25"

VI. OPERATOR 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.



Signature: H. Scott Davis Agent
Printed Name: _____ Title: _____
Date: 11-15-91 Telephone No.: 915-682-7664

OIL CONSERVATION DIVISION

Date Approved: 11/15/91

By: Paul Kautz
Orig. Signed by: _____
Title: Geologist

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.