

OIL CONSERVATION DIVISION

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

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 ME-TEX OIL & GAS, INC.	Well API No. 30-025-32171
Address P. O. BOX 2070, HOBBS, NM 88240	
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Me-Tex Supply Co</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. BARR	Well No. 4	Pool Name, Including Formation EUMONT YATES 7 RVRS OU	Kind of Lease State, Federal or <input checked="" type="radio"/> Fed	Lease No. --
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>24</u> Township <u>19 SOUTH</u> Range <u>36 EAST</u> , NMPM, I.E.A. County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>PHILLIPS Pipeline Co Trucks</u>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST., ODESSA, TX 79762
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When? D 24 19S 36E Yes 10-15-93

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 8-24-93	Date Compl. Ready to Prod. 9-27-93	Total Depth 3970'		P.B.T.D. 3941'				
Elevations (DF, RKB, RT, GR, etc.) 3697' GR.	Name of Producing Formation EUMONT YATES 7 RVRS OU	Top Oil/Gas Pay 3605'		Tubing Depth 3824'				
Perforations 2JSPF: 3605, 11, 15, 23, 27, 35, 58, 67, 80, 90, 96, 3702, 21, 29, 50, 53, 56, 80, 95, 3800 - TOTAL 40 HOLES		Depth Casing Shoe 3970'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1268'		700SX (CIRC.)			
7-7/8"	5-1/2"		3970'		750SX (CIRC.)			

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 204 CAOF	Length of Test 4 HR.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PR.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		112	SEE C-122

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 Mark Veteto Vice-President
Printed Name Mark Veteto Title
Date 10-6-93 Telephone No. 505-397-7750

OIL CONSERVATION DIVISION

OCT 20 1993

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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.