

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-110
Effective 1-1-65

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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

I. OPERATOR

ME-TEX SUPPLY COMPANY

Address: **P. O. BOX 2070, TOMB, NEW MEXICO**

Reasons for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Reopening Well Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name WALLACE STATE	Well No. Pool Name, Including Formation 4 EUNICE-MONUMENT	Kind of Lease State, Federal or Free STATE
Location		
Unit Letter 1	330 Feet From The N Line and 330 Feet From The WEST	
Lot 5 Sec. 3 , Township 21-S Range 36-E , 18MPM , 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"/> ATLANTIC PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1190, MIDLAND, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BLDG., ODESSA, TEXAS	
If well produces oil or liquids, give location of tanks.	Unit L Sec. 3 Twp. 21 Rge. 36	Is gas actually connected? YES When January 24, 1966

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-28-37 Recom. 1-24-66	Date Compl. Ready to Prod. 1-24-66		Total Depth 3879		P.S.T.D.			
Pool EUNICE - MONUMENT	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3725		Tubing Depth 3870			
Perforations OPEN HOLE				Depth Casing Shoe 3650				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	10		149		250			
8 3/4	8 5/8		1244		200			
6 1/4	5 1/2		3650		550			

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 1-4-66	Date of Test 1-24-66	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure PUMP	Casing Pressure --	Choke Size --
Actual Prod. During Test 22	Oil-Bbls. 15	Water-Bbls. 7	Gas-MCF 15

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

R. F. Montgomery
(Signature)

GEOLOGIST

(Title)

1-25-66

(Date)

OIL CONSERVATION COMMISSION

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.