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LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I. Operator
MI-TEX SUPPLY COMPANY

Address
P.O. BOX 2070, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box) (Please explain)

New Well	X	Change in Transporter of:	
Recompletion		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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mesoleno	1	~~Eddy~~ Quail Ridge-Yates Gas	State, Federal or Fee	K-3979

Location
Unit Letter G ; 1980' Feet From The North Line and 1980' Feet From The East

Section 19 Township 19 South Range 32 East NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)
Admiral Grade Oil Corp.	Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	Bartlesville, Oklahoma 74003

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	19	19S	32E	No	60 - 90 days

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 Resvr.	Diff. Resvr.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-10-69	8-25-69	4300'	4300'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3699 GR 3709 KB	Yates	3799'	3891'

Perforations	Depth Casing Shoe
3799'-81', 3891'-95', 3908'-10'	4300'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12	8 5/8" OD	24'	10 sx
7 7/8"	4½" - 10.5#	4300'	300 sx

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

Oil-Bbls. During Test	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. During Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
285	24 hrs.	9	20°

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	900 psi	1100 psi	3/4"

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.

(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 21 1971

BY

TITLE

Date

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, it 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 for allowable on new and recompleted wells.
Fill only Sections I, II, III, and VI for changes of owner, or other such changes.
Separate Forms C-104 must be filed for each pool in multiply completed wells.