

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLES
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, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

NAME CHANGE
ATLANTIC P. L. CO.
TO
ARCO P. L. CO.
EFF. 1-1-71

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name WALLACE STATE	Well No. 2	Pool Name, including Formation EUNICE-GRAYBURG	Kind of Lease State, Federal or Fee STATE	Lease No. A-1375
Location Unit Letter L ; 4620 Feet From The SOUTH Line and 660 Feet From The WEST				
Line of Section 3 Township 21-S Range 36-E , 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)					
ATLANTIC PIPELINE COMPANY	P. O. BOX 1190, MIDLAND, TEXAS 79701					
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)					
PHILLIPS PETROLEUM COMPANY	BARTLESVILLE, OKLAHOMA					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 3	Twp. 21-S	Rge. 36-E	Is gas actually connected? YES	When UNKNOWN

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X	X		X	
Date Spudded 3-29-1936	Date Compl. Ready to Prod. 4-29-1936	Total Depth OTD 3831 NTD 3866		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3541 DF Est.	Name of Producing Formation GRAYBURG	Top Oil/Gas Pay 3661		Tubing Depth 3850		Depth Casing Shoe 3685		
Performances OPEN HOLE 3685-3866								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 3/4	10 3/4		231		150			
8	7 5/8		2586		900			
6 3/4	5 1/2		3685		40			

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 JULY 17, 1967	Date of Test JULY 19, 1967	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure PUMP	Casing Pressure PUMP	Choke Size PUMP
Actual Prod. During Test 6 BBLs.	Oil-Bbls. 5 BBLs.	Water-Bbls. 1 BBL.	Gas-MCF 10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19
BY *Joe [Signature]*
TITLE _____

ME-TEX SUPPLY COMPANY
(Signature)

R. F. Montgomery
AGENT

(Title)

JULY 31, 1967

(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, 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 only Sections I, II, III, and VI 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.