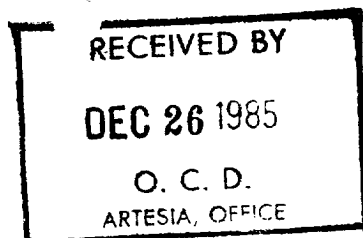


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2089
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator METEX PIPE AND SUPPLY ✓

Address PO. BOX 1037 ARTESIA, NM 88210

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	☐ Oil	☐ Dry Gas
☐ Recompletion	☐ Casinghead Gas	☐ Condensate	
☐ Change in Ownership			

Other (Please explain) NOTE: THIS IS THE 2ND WELL ON THIS 40-ACRES

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>RONADERO FEDERAL</u>	Well No. <u>4</u>	Pool Name, including Formation <u>SQ. LAKE 24/68/SA</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>NM5442</u>
Location Unit Letter <u>R</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line of Section <u>4</u> Township <u>16-S</u> Range <u>31-E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>NAVATO REFINING CO. (PIPELINE DIV.)</u>	Address (Give address to which approved copy of this form is to be sent) <u>DRAWER 159 ARTESIA, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>PHILLIPS PETROLEUM CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PENBROOK ODESSA, TEXAS 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>R</u> Sec. <u>4</u> Twp. <u>16-S</u> Rge. <u>31-E</u> Is gas actually connected? <u>YES</u> When <u>12-16-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

d/b/a METEX PIPE AND SUPPLY (Signature)

12/24/85 (Date)

OIL CONSERVATION DIVISION

APPROVED JAN 10 1986, 19 _____

BY _____ Original Signed By

TITLE _____ Supervisor District II

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	Perforations
11-19-85	12-12-85	3702'	3696'	3560' - 2 PERFS SAND CT, 3564' - 2 PERFS SAND JT
Elevations (D.F., R.N.B., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
4156.5' 67	WABMIR-6/B	3560'	3560'	3676'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 3/4" - 24#	307'	250-5XS - CIRCULATED
7 7/8"	5 1/2" - 17#	3696'	1250-5XS - CIRCULATED

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	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
12-16-85	12-17-85	PUMP	N/A	N/A	N/A	N/A	24-HRS	38-BBLS	1-BBL LOAD	12-MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Testing Method (Pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
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