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LAND OFFICE	
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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-85

JUN 13 '88

J. C. D.  
ARTESIA OFFICE

Operator Metex Pipe & Supply	
Address P. O. Box 1037 Artesia, N. M. 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 8/29/88
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION FROM
	THE B. L. M. IS OBTAINED

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Pegasus Fed	Well No. 1	Pool Name, Including Formation North Squarelake Premier	Kind of Lease State, Federal or Fee Fed	Lease No. NM 2507
Location Unit Letter <u>EM</u> ; 2970 Feet From The <u>South</u> Line and 635 Feet From The <u>West</u>				
Line of Section 6 Township 16 S Range 31 E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, N. M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 6	Twp. 16	Rge. 31	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-5-88	Date Compl. Ready to Prod. 4-30-88		Total Depth 3224'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3969.3 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay		Tubing Depth 3144' 3156			
Perforations 3144'					Depth Casing Shoe 3218'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8"	613	400 Sx. Circulated
7 7/8	5 1/2"	3224'	900 Sx. Circulated
	2 7/8	3156	

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)

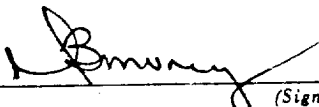
Date First New Oil Run To Tanks 6-2-88	Date of Test 6-7-88	Producing Method (Flow, pump, gas lift, etc.) Artificial Lift -- Pump	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size 7-8-88 comp 4 B14
Actual Prod. During Test 12 BBL	Oil-Bbls. 6	Water-Bbls. 6	Gas-MCF 15 MCF

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

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)  
Operator  
(Title)  
June 7, 1988  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 29 1988  
BY Original Signed By  
Mike Williams  
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 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.