

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ME-TEX SUPPLY COMPANY		Well API No.
Address P.O. BOX 2070, HOBBS, NM 88240		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		XXX Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/24/92 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED
If change of operator give name and address of previous operator		RE-ENTRY

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "M"	Well No. 1	Pool Name, Including Formation GRAYBURG-JACKSON	Kind of Lease <u>State</u> , Federal or Fee	Lease No. LH-1832
Location Unit Letter C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 32 Township 17S Range 31E , NMPM , EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PRIDE REFINING CO. <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. BOX 2436, ABILENE TX 79604					
Name of Authorized Transporter of Casinghead Gas UNKNOWN <input checked="" 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 C	Sec. 32	Twp. 17S	Rge. 31E	Is gas actually connected? NO	When? ASAP
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 <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-10-61' / 4-28-92'	Date Compl. Ready to Prod. 7/3/92	Total Depth 3704'	P.B.T.D. 3676'					
Elevations (DF, RKB, RT, GR, etc.) 3736' GR	Name of Producing Formation VACUM, PREMIER, SQUARE LAKE		Top Oil/Gas Pay 3290'		Tubing Depth 3646'			
Perforations 3296'-3313', 3439'-3448' 3534'-3540' 3599'-3635'					Depth Casing Shoe 3699'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 10 3/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 700'		SACKS CEMENT 50			
8"	*5 1/2"		3699'-1805'		150			
8"	*5 1/2"		1805'		300			
*PULLED 1800' 5 1/2" CSG. 3-27-80, RAN 1800' 5 1/2" CSG. TIED ON TO SIUB @ 1800' 5-5-92								

V. TEST DATA AND REQUEST FOR ALLOWABLE

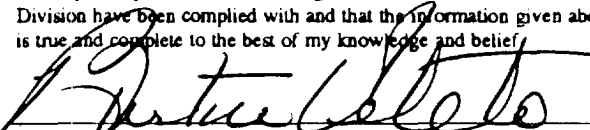
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 7/3/92	Date of Test 7/3/92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure PUMP	Casing Pressure 30 psi	Choke Size
Actual Prod. During Test 369.88	Oil - Bbls. 94.88	Water - Bbls. 275	Gas - MCF 120

GAS WELL

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

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


Signature **BURTON VETETO** President
Printed Name
Date **7/7/92** Title **505-397-7750**
Telephone No.

OIL CONSERVATION DIVISION

JUL 28 1992
Date Approved
By **ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II**
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.