STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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TRANSPORTER OIL	✓	
TRANSPORTER GAS		
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RECEIVED BY
JUN 20 1984
O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Metex Pipe & Supply Co.

Address: POB 1037 Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Welch State	1	Artesia Qn/Gb/SA	State, Federal or Fee State	647

Location
Unit Letter 0 : 510 Feet From The South Line and 2269 Feet From The East

Line of Section 16 Township 18S Range 28E, NMPM, Eddy County County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent): Drawer 175 Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	16	18S	28E	~~TSTM~~ NO	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-19-84	6-17-84	2697'	2640'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3585.5' GL	Grayburg	2123'	2400'

Perforations	Depth Casing Shoe
2123-2403'	2697'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½"	8-5/8" 24#	386'	250-Sxs (Circulated 85-Sxs to Pits)
7-7/8"	5½" 20#	2697'	700-Sxs (Circulated 50-Sxs to Pits)
2-3/8" EUE 8-Rd Tbg	set at 2400'		

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
6-17-84	6-19-84	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24-Hrs	-	78#	-

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
138	76	62-Frac Water	TSTM

Post ID 6-22-84 6 comp + BK

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wilma Pruitt
(Signature)

Bookkeeper
(Title)

6/20/84
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 20 1984, 19

BY Original Signed By Leslie A. Clements Supervisor District II

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.