

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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DEC 13 1984

O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088

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 Motex Pipe & Supply

Address POB 1037 Artesia, N.M. 88210

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
REQUEST 1000-BBL TEST ALLOWABLE FOR MONTH OF DECEMBER '84.
Top Perf=2464' Btm Perf=2726' (On/GB)
(28-Total Holes)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>WILSON STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B6631</u>
Location				
Unit Letter <u>I</u>	<u>1650</u>	Feet From The <u>South</u>	Line and <u>990</u>	Feet From The <u>West</u>
Line of Section <u>36</u>	Township <u>18S</u>	Range <u>28E</u>	<u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Trucking Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>
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 Sec. Twp. Rge. Is gas actually connected? When
<u>L</u> <u>36</u> <u>18S</u> <u>28E</u>	<u>NO</u> <u>TSTM</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.

Martin Mung
(Signature)
Operator
(Title)
12-12-84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 14 1984, 19
BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOCD

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

Design Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudd	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
Elevations	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth		Depth Casing Shoe		
Perforation								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST I
OIL W
T
TA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-
able for this depth or be for full 24 hours)

Date First	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	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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