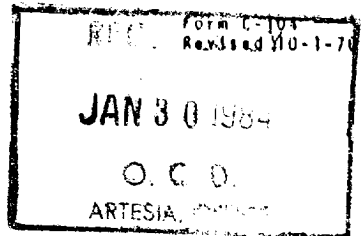


OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501



REGISTRATION	
DISTRIBUTION	
CONTACT	
MAIL	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

New Tex Oil Company ✓

Address: P.O. Box 297 Hobbs, N.M. 88240

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Stateline Fed. Well No.: 1 Pool Name: Brushy Draw - ^{Delaware} Cherry Canyon Kind of Lease: State, Federal or Fee Fed. Lease No.: NM54998

Location: Unit Letter D ; 740 Feet From The North Line and 330 Feet From The West

Line of Section 35 Township 26S Range 29E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
 Navajo Crude Oil Purchasing Co. Artesia, N.M.

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
 Conoco Box 1206, Maljamar, N.M. 88246

If well produces oil or liquids, give location of tanks. Unit: D Sec: 35 Twp: 26 Rge: 29 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 Gas well New Well Workover Deepen Plug Back Some Restv. Diff. Restv.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Operations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

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

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Casing Method (pilot, 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.

Gregory Brunson Jr.
(Signature)
President
11/21/83
(Date)

OIL CONSERVATION DIVISION
JAN 30 1984

APPROVED _____, 19____

BY *W. M. Williams*

TITLE **OIL AND GAS INSPECTOR**

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 change of owner well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in multiple completed wells.