

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-1104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator
Natural Resource Management Corporation
Address
600 W. Illinois, Suite 800 Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)
Change operator name from NRM Petroleum Corporation to Natural Resource Management Corporation effective January 1, 1986.

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Metzger</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Chaveroo (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>853</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>7-S</u> Range <u>34-E</u> , NMPM, <u>Roosevelt</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 W. Wall Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Oil and Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300 Tulsa, Oklahoma 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>17</u>
	Twp. <u>7S</u>	Rge. <u>34E</u>
	Is gas actually connected? <u>Yes</u> When <u>5-4-84</u>	

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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 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	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

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

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.

Mary Douglas
(Signature)
Production Analyst
(Title)
1-20-86
(Date)

OIL CONSERVATION COMMISSION
APPROVED 1-20-86, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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.

RECEIVED
JAN 22 1986
O.C.D.
HOBBS OFFICE