DISTRIBUTION SANTA FE	NEW MEXICO OIL CO REQUEST I	ONSERVATION COMP OR ALLOWABLE AND	ION	Fbim C-104 Superardes Old Elloctive 1-1-6	C-104 and C-111
U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND N	ATURAL G	4S	
Operator Natural Resource Ma	nagement Corporation				
Address	<u> </u>				
600 W. Illinois, Su Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	ite 800 Midland, Texas Change in Transporter of: Oil X Dry Gas Casinghead Gas Condens	Other (Please Change o Corporat Sate Corporat	perator na ion to Nat ion effect	ame from NRM Pe cural Resource tive January 1, cter effective	Management 1986.
and address of previous owner					
DESCRIPTION OF WELL AND LEASE Lease Name Metzger 6 Chaveroo (San Location			Kind of Lease Lease No. State, Føderal of Fee Fee		
	OFeet From TheNorth_Line	and <u>853</u>	Feet From T	he <u>East</u>	
Line of Section 17 Town	nship 7-S Range 3	34-е , ммрм	Roos	sevelt	County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address)	o which approv	ed copy of this form is t	o be sentj
Pride Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas		P.O. Box 2436 Abilene, Texas 79604 Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquide, give location of tanks.	Is gas actually connected? When NO Do not know				
If this production is commingled with COMPLETION DATA	o that from any other lease or pool, f	give commingling order		Plug Back Same Res	'v. Diff. Res'v.
Designate Type of Completion	n = (X)		U U U	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay Tul		Fubing Depth	
Perforations				Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECOR		SACKS CEN	ENT
HOLE SIZE	CASING & TUBING SIZE				
	DALLOWARTE (Test must be of	fter recovery of total volu	ne of load oil o	ind must be equal to or a	xerod top-plicar
TEST DATA AND REQUEST FO	Date of Test	pth or be for full 24 hours Producing Method (Flou	J		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Pred. During Test	Oil-Bbla.	Water - Bbls.	<u> </u>	Gas-MCF	
			,, ,, ,, ,, ,, , _, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , , , , ,]	
GAS WELL	Length of Test	Bbla. Condensate/MMC	F	Gravity of Condenacte]
Testing Mothed (pitol, back pr.)	Tubing Processo (Shuu-iu)	Casing Pressure (Shut	-in)	Choke Size	
CERTIFICATE OF COMPLIANO	CE	OIL CONSERVATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Connervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED SEP 1 7 1986			
	$\int $				
YY L. Noundan		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly difficit or deepened			
(Signature)		well, this form must be accompanied by a tabulation of the covintiation tests taken on the well in accordance with RULE 111.			
Production Analyst (Tille)		All sections of this form must be filled out completely for allow- eble on new and accompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner,			
<u>1-20-86</u>	(0)	Fill out only well name or numbe	Sections 1, 13 er, or transport	i, 111, and VI for that er, or other such than	te of condition.



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