

DISTRIBUTION		
SA TAFE		
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G.S.		
ID 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-104
Supersedes Old C-104 and C-11.
Effective 1-1-65

I.

Operator NRM Petroleum Corporation	
Address 600 W. Illinois, Suite 800 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Metzger	Well No. 6	Pool Name, Including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A : 660 Feet From The North Line and 853 Feet From The East				
Line of Section 17 Township 7S Range 34E , NMPM, Roosevelt 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Western Oil Transportation	P. O. Box 1183, Houston, Texas 77001					
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 A	Sec. 17	Twp. 7S	Rge. 34E	Is gas actually connected? No	When Do not know

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-13-84	Date Compl. Ready to Prod. 7-22-84	Total Depth 4550'		P.B.T.D. 4440'					
Elevations (DF, RKB, RT, GR, etc.) 4314.0 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4299'		Tubing Depth 4354'					
Perforations 4299' - 4311', 4316' - 4324', 4328' - 4336'				Depth Casing Shoe 4549'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		1663'		750 sacks				
7 7/8"	4 1/2"		4549'		1685 sacks				

V. 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 7-22-84	Date of Test 7-25-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 8	Water-Bbls. 6	Gas-MCF 10

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

VI. 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 Carter
(Signature)
Production Secretary
(Title)
July 31, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG - 6 1984
BY ORIGINAL SIGNED BY JERRY SEXTON 19
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

AUG - 2 1984

C.C.R.
HONORARY CLERK