

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-111	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
Natural Resource Management Corporation					
Address					
600 W. Illinois, Suite 800 Midland, Texas 79701					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>				Change operator name from NRM Petroleum Corporation to Natural Resource Management Corporation effective January 1, 1986.	
Recompletion <input type="checkbox"/>				Change of transporter effective February 1, 1986.	
Change in Ownership <input type="checkbox"/>					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Metzger		8		Chaveroo (San Andres)	
Location		Kind of Lease		Lease No.	
Unit Letter 0 : 467 Feet From The South Line and 2173 Feet From The East		State, Federal or Fee		Fee	
Line of Section 17 Township 7-S Range 34-E, NMPM, Roosevelt County					
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)		
Pride Pipeline Company			P.O. Box 2436 Abilene, Texas 79604		
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.
		0	17	7S	34E
		Is gas actually connected?		When	
		No		Do not know.	
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
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
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 SEP 17 1986					
BY					
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
C.C.D.
HOBBS OFFICE