STATE OF NEW MEXICO
HEAGY AND MINERALS DEPARTMENT
and the second

	OIL CONSERVA	ATION DIVISION	
DISTRIBUTION		DX 2088 N MEXICO 87501	
V 1L 4			
LAND OFFICE	- REQUEST FOR ALLOWABLE		
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
PROMATION OFFICE	a an		
Ammex Petroleum,	Inc.		
Box 10507 Midland Resson(s) for filing (Check proper	, Texas 79702	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change In Ownership X	Casinghead Gas Conde		
If change of ownership give nar	" mmi State Production	n & Supply Inc. Bo	x 1183, Hobbs, NM 882
and address of previous owner_		» اور این کرد اور این کرد اور این می این این کرد اور این میل	1999 - من مان مان مان مان مان مان مان مان مان
DESCRIPTION OF WELL A	Well No. Pool Name, Including r		rase Lease N leral or Fee
Enserch State	<u> </u>	son Penn Pool (State) 1 ed	
Unit Letter J : 2	2086 Feet From The South Lin	ne and <u>2086</u> Feet Fro	om The <u>East</u>
Line of Section 16	Township 4 South Range 33	East, , NMPM, R	OOSEVELT Count
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	1 <u>S</u>	needed copy of this form is to be sent
Name of Authorized Transporter of	Cil 🔏 or Condensate 🛄	Address (Give address to which ap	proved copy of this form is to be sent)
Name of Authorized Transporter of	Cosinghead Gas _ ] or Dry Gas [ ]	Address (Give address to which op	proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.		NO i	Contract Lets
If this production is commingled COMPLETION DATA	with that from any other lease or pool,	Row Well Werkover Deepen	Plug Buck 1 Same Hesty, Dill, He
Designate Type of Compl	etion = (X)		
Date Spudded	Date Compl. fieady to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, et	c.j Mame of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		<u>, L</u>	Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
·			
TEST DATA AND REQUEST	r FOR ALLOWABLE (Test must be a oble for this de	Ifter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top al
OIL WELL Date First New Oll Run To Tanks		Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choxe Size
		Water - Bbis.	Gas-MCF
Actual Prod. During Test	011-Bbl.		
CAS WELL			
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls, Condensate/AUACF	Gravity of Condensate
Testing Method (pitol, back pr.)	Tubing Presewe(Shut-in)	Cosing Pressure (Shut-in)	Choke Sixe
			I ATION DIVISION
CERTIFICATE OF COMPLI		11	1982, 19
stitutes have been complied b	nd regulations of the Oll Conservation with and that the information given	OPIGINAL SIGNED	BY
above is true and complete to the best of my knowledge and bellef.		JERRY SEXTON	
1. 6/11	1	TITLE DISTRICT 1 SUPR	In compliance with MULE 1104.
1 L Valle		If this is a request for al	lowable for a newly drilled or deeps
Corporati	m (Resident	tests taken on the well in ac Atl aactions of this form	must be filled out completely for all
	(Tule)	able on new and recompleted	walls, ii its and VI for changes of owr
	(Dute)	well name of pumber, or trans	outer, ar other such change of condit nust be filed for such pool in multi
· ·		rempieted wells.	·

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RECEIVED

MAY 3 1982 O.C.D. HOBBS OFFICE