

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Mayne & Mertz, Inc.

Address  
P. O. Box 183 Midland, TX 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Fields	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease Federal	Lease No. LC065525
Location Unit Letter <u>U</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>21-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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"/> Phillips 66 Company <i>Petroleum Co. Trucks</i>	Address (Give address to which approved copy of this form is to be sent) 9C1 Adams Building, Bartlesville, OK 74004
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Exploration & Production, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000 Tulsa, OK 74102-3000
If well produces oil or liquids, give location of tanks. Unit <u>V</u> Sec. <u>6</u> Twp. <u>21S</u> Rge. <u>38E</u>	Is gas actually connected? <u>yes</u> When <u>8/7/69</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 70

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Mayne*  
\_\_\_\_\_  
President  
(Signature)  
(Title)  
July 20, 1993  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 03 1993, 19\_\_\_\_\_  
BY \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
6/30/93	7/3/93		7460'		6450'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3570' KB	Blinebry		6028'		6390'				
Perforations					Depth Casing Shoe				
6028' - 6357' (62 total shots)					7460'				

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-1/2"	7-5/8" csg	7460'	475
	2-3/8" tbg	6390'	-

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
7/3/93		7/17/93		Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs.	25 psi	25 psi	open		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF		
	7	10	17		

#### GAS WELL

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

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