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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator Melzer Exploration Company | Well API No. 30-025-31498 |
| Address P.O. Box 2083, Midland, Texas 79702 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| 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 Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|--|-----------|
| Lease Name Amerada Wise | Well No. 27 | Pool Name, Including Formation Southwest House Yates/7Rivers | Kind of Lease Share or Fee | Lease No. |
| Location Unit Letter <u>E</u> : <u>2080</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>14</u> Township <u>20S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|-------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sid Richardson Carbon & Gasoline Co. | Address (Give address to which approved copy of this form is to be sent) 76102 First City Bank Twr, 201 Main St, Ft. Worth, Tx | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 14 |
| | Twp. 20S | Rge. 38E |
| | Is gas actually connected? YES | When ? 4/10/92 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | X | X | | | | | |
| Date Spudded 1/09/92 | Date Compl. Ready to Prod. 4/10/92 | | Total Depth 3225 | | P.B.T.D. 3222 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3616.5 KB | Name of Producing Formation Yates/7 Rivers | | Top Oil/Gas Pay 2853 | | Tubing Depth 3026 | | | |
| Perforations 3048-3133 22 holes | | | | | Depth Casing Shoe 3221 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 317' | | 200 sx "C" | | | |
| 7 7/8" | 4 1/2" | | 3222' | | 950 sx "C" lite, 100 sx "C" | | | |
| -- | 2 3/8" | | 3026 | | ----- | | | |

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 Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|--|-----------------------------------|-----------------------------------|-------------------------------|
| Actual Prod. Test - MCF/D 4/15/92 326 | Length of Test 24 hours | Bbls. Condensate/MMCF none | Gravity of Condensate none |
| Testing Method (pilot, back pr.) back pr. | Tubing Pressure (Shut-in) 1525 | Casing Pressure (Shut-in) 1525 | Choke Size 14/64 |

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

Signature
H. Scott Davis agent
Printed Name
4/16/92
Date
(915)682-7664
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 24 '92

By (Orig. Signed by)
Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 28 1992

ODD HOURS