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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND TO BE FILED O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 23 10 23 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
ME-TEX SUPPLY COMPANY
Address
P. O. BOX 2070, HOBBS, NEW MEXICO 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
Change in designation operator.
NAME CHANGE
ATLANTIC P.L. CO.
TO
ARCO P.L. CO.
EFF. 1-1-71
If change of ownership give name and address of previous owner. **OPERATOR, JAMES M. MURRAY**

II. DESCRIPTION OF WELL AND LEASE

Lease Name WALLACE STATE	Well No. 1	Pool Name, Including Formation EUNICE- MONUMENT	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter M ; 2970 Feet From The SOUTH Line and 330 Feet From The WEST Line of Section 3 Township 21-S Range 36-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> ATLANTIC REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1190, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BUILDING, ODESSA, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 3	Twp. 21	Rge. 36	Is gas actually connected? YES	When UNKNOWN

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								
Date Spudded 7-18-35	Date Compl. Ready to Prod. 9-27-35		Total Depth 3901		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3563 DF	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3766		Tubing Depth 2			
Perforations 3766 - 3772 & 3736 to 3744 OPENHOLE 3790 to 3901					Depth Casing Shoe 3790			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13	12 1/2		99		100			
11	8 5/8		1437		500			
7 7/8	5 1/2		3790		400			

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 9/27/35	Date of Test 1/2/66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HOURS	Tubing Pressure P	Casing Pressure OPEN	Choke Size --
Actual Prod. During Test 10	Oil-Bbls. 8	Water-Bbls. 2	Gas-MCF 12

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.

R. J. Montgomery
(Signature)
GEOLOGIST
(Title)
January 24, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

10/10/10