

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
EL PASO	
U.S. G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROMOTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

CAMPBELL & HEDRICK

Address

P.O. BOX 401, MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

New Well

Change in Transporter off

Other (Please explain)

Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Type of Lease	Lease No.
M.E. LEE	2	TUBB		
Location		State, Federal or Fee		Fee
Unit Letter	B	440 Feet From The North	Line and 1650	Feet From The East
Line of Section	20	Township 21S	Range 37E	Lea
			, NMPL	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipe Line	P.C. Box 1510, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Company	P.O. Box 1589, Tulsa, Oklahoma 74102		

If well produces oil or liquids, give location of tanks.

Unit Sec. Twp. Rge. B 20 21 37

Is gas actually connected?

YES

When

6/27/77

If this production is commingled with that from any other lease or pool, give commingling order number DHC 230 Dtd 7/25/77

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	X
	X			X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		-
4/26/77	6/27/77		6535					
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		6532
3494 GL	TUBB		6149					
Perforations	6149, 71, 91, 6216, 24, 42, 68, 74, 94, 6302, 16, 90, 6408, 15, 28, 87, 6517, 26, and 6535					Depth Casting Shop		6577

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

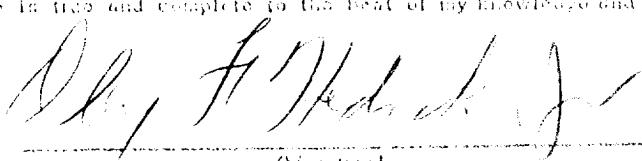
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
6/27/77	6/27/77	FLOW
Length of Test	Tubing Pressure	Casing Pressure
24	110	545
Actual Prod. During Test	Oil-1000,	Water-0 Bbls.
	18	0
		Gas-MCF
		-

GAS WELL

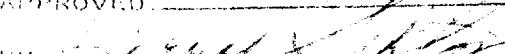
Acre-Foot Test-MCF/D	Length of Test	Lbs. Condensate/MMCF	Gravity of Condensate
Testing Method (jet, back pr.)	Tubing Pressure (PSI/In.)	Casing Pressure (PSI/Hwt-in)	Choke Size

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.


 (Signature)

PARTNER
 (Title)
 8/26/77
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED: 
 BY: 
 TITLE: SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deviated well, this form must be accompanied by a Casing Log of the well(s) drilled on the well in accordance with Rule 111.

All sections of this form must be filled out completely for all applicable wells and/or wells.

FILL OUT ONLY Sections I, II, III, and VI for changes of ownership name or number, or transporter, or other such change of conditions.

1972
OIL CONSERVATION COMMISSION
HOBBS, N.M.