Submit 5 Copies Appropriate Dustrict Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. ME-TEX OIL & GAS, INC. Address State of New Mexico Energy, Minerals and Natural Resources Department DISTRICT II P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Weil API No. 30-025-201								Form C-104 Revised 1-1-89 See lastructions at Bottom of Page	
P.O. BOK 2070 HOFES, Reason(s) for Filing (Check proper bax)	NM 8824	0							
New Well	Change in Transporter of:								
Change in Operator	Oil X Dry Gas EFFECTIVE DECEMBER 1, 1993 Casinghead Gas Condensate								
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE									
Lesse Name	Well No. Pool Name, Including Formation						of Lease	Lease No.	
Location							Federal or Fee	A-1375.	
Unit Letter <u>E</u> : <u>5610</u> Feet From The <u>SUITH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line									
Section 3 Townahip 21S Range 36E NMPM, LETA County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)									
KELLY MACLASKEY OILFIEID SERVICES, INC. P.O. BOX 580 H						HEES, NM	88241	us 10 de seni)	
Name of Authorized Transporter of Casing GPM GAS CORP.	Authonzed Transporter of Casinghead Gas X or Dry Gas				Box 5050	uch approved	copy of this form	is to be sent) Ok 74005	
If well produces oil or liquids, give location of tanks.	Unit L							0 14005	
If this production is commingled with that from any other lease or pool, give commingling order number: 10-4-63 IV. COMPLETION DATA IV.									
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded		. Ready to Pr	1 od.	Total Depth	L	L	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
							Depth Calling 5	noe	
HOLE SIZE	CASING & TUBING SIZE								
				DEPTH SET			SACKS CEMENT		
	TEOD								
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or	exceed ton alla	wable for the	s depth or he for t	(ull 24 hours 1	
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 Rua 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 - Bbis.			Gas- MCF		
GAS WELL	L	<u> </u>				·····	L		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pres	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE					· · · · · · · · · · · · · · · · · · ·		<u> </u>		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				DEU 0 2 1993					
P, N.				Date Approved					
Signature				By Orig. Signed by Paul Routz					
ROENA HISER PRODUCTION CLERK Printed Name Tule				Geologist					
Date									

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

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.