

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|
| Operator<br>ME-TEX OIL & GAS, INC.                                                                                                                                                                                                                                                                                                                                                                                                 |  | Well APN No.<br>30-025-20190 |
| Address<br>P.O. BOX 2070 HOBBS, N.M. 88240                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CHANGE IN OPERATOR NAME<br>Change in Operator <input type="checkbox"/> Canaghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> 7-21-93 |  |                              |
| If change of operator give name and address of previous operator<br>ME-TEX SUPPLY CO., P.O. BOX 2070 HOBBS, N.M. 88240                                                                                                                                                                                                                                                                                                             |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                |               |                                                       |                                                                     |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|---------------------------------------------------------------------|---------------------|
| Lease Name<br>Wallace State                                                                                                                                                                                    | Well No.<br>7 | Pool Name, including Formation<br>Oil Center Blinebry | Kind of Lease<br><input checked="" type="checkbox"/> Federal or Fee | Lease No.<br>A-1375 |
| Location<br>Unit Letter <u>E</u> : <u>5610</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line<br>Section <u>3</u> Township <u>21S</u> Range <u>36E</u> , <u>NMPM</u> Lea County |               |                                                       |                                                                     |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                         |                                                                            |                                                                          |      |      |                            |       |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil<br><u>Arco Pipeline Co.</u>       | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |       |
| Name of Authorized Transporter of Canaghead Gas<br><u>CPM Gas Corp.</u> | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |       |
| If well produces oil or liquids, give location of tanks.                | Unit                                                                       | Sec.                                                                     | Twp. | Rgn. | Is gas actually connected? | When? |

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 Rev | Diff Rev |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |          |          |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |          |          |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |          |          |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |          |          |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |          |          |
|                                     |                             |          |                 |          |                   |           |          |          |
|                                     |                             |          |                 |          |                   |           |          |          |
|                                     |                             |          |                 |          |                   |           |          |          |

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        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

Rodena Hiser  
Signature  
RODENA HISER PRODUCTION CLERK  
Printed Name  
AUGUST 23, 1993  
Date  
505-397-7750  
Telephone No

OIL CONSERVATION DIVISION

Date Approved OCT 13 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.