

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-110  
Effective 1-1-65

I.

Operator <b>ME-TEX SUPPLY COMPANY</b>	
Address <b>P. O. BOX 2070, HOBBS, NM 88240</b>	
Reason(s) for filing (Check proper box)	
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Wallace State</b>	Well No. <b>8</b>	Pool Name, including Formation <b>Eumont Gas</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>A-1375</b>
Location				
Unit Letter <b>K</b>	<b>3300</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>3</b>	Township <b>21S</b>	Range <b>36E</b>	, NMPM, <b>Lea</b> 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)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>El Paso Natural Gas Company</b>	<b>Box 1384, Jal, NM 88252</b> <b>Box 1492, Controller Dept., El Paso, TX 79978</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
Is gas actually connected?		When		
<b>No</b>		<b>30-60 days</b>		

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 Rest'v.	Diff. Rest'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>05/22/80</b>	Date Compl. Ready to Prod. <b>06/15/80</b>		Total Depth <b>3704'</b>		P.B.T.D. <b>3717'</b>			
Elevations (DF, RAB, RT, GR, etc.) <b>3527.5GR</b>	Name of Producing Formation <b>Eumont Gas</b>		Top Oil/Gas Pay <b>3433'</b>		Tubing Depth <b>3439'</b>			
Perforations <b>3433', 3437', 3441', 3444', 3449', 3451', 3454', 3460'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8-5/8"</b>		<b>435'</b>		<b>250</b>			
<b>7-7/8"</b>	<b>5 1/2"</b>		<b>3731'</b>		<b>850</b>			
	<b>2-3/8"</b>		<b>3439'</b>					

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	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 <b>697.104</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>-0-</b>	Gravity of Condensate <b>N/A</b>
Testing Method (pilot, back pr.) <b>Orifice Well Tester</b>	Tubing Pressure (Shut-in) <b>250psi</b>	Casing Pressure (Shut-in) <b>250psi</b>	Choke Size <b>3/4"</b>

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.

*James E. Badger*  
(Signature)  
**Agent**  
(Title)  
**June 16, 1980**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, IS  
BY *[Signature]*  
TITLE *[Signature]*

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 each change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.