

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Aztec, NM 86210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ME-TEX OIL & GAS, INC.		Well APN No. 30-025-28066
Address P.O. BOX 2070 HOBBS, N.M. 88240		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☒ Other (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☐ CHANGE IN OPERATOR NAME Change in Operator ☐ Conventional Gas ☐ Condensate ☐ 7-21-93		
If change of operator give name and address of previous operator ME-TEX SUPPLY CO. P.O. BOX 2070 HOBBS, N.M. 88240		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wallace State	Well No. 10	Pool Name, including Formation Oil Center Blinbry	Kind of Lease State, Federal or Fee	Lease No. A-1375
Location Unit Letter N : 3630 Feet From The South Line and 1650 Feet From The West Line Section 3 Township 21S Range 36E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ Arco Pipeline Co	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Conventional Gas or Dry Gas ☒ GPM Gas Corp	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 commingled?	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 Res'v	Duff Res'v
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 100 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 (piston, 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
Date **AUGUST 23, 1993** Title **505-397-7750**
Telephone No

OIL CONSERVATION DIVISION

Date Approved **OCT 13 1993**
By
ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.