

ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator ME-TEX SUPPLY COMPANY	
Address P. O. BOX 2070, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Gas Connection
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

1. 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 State	Lease No. A-1375
Location Unit Letter <u>N</u> ; <u>3630</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 101 E. Marland, Hobbs, New Mexico 88240	
Getty Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) Domestic Oil & Gas Accounting Section 10WW, Frank Phillips Bldg. Bartlesville, OK	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	74004	
Phillips Petroleum Company	Is gas actually connected? <u>Yes</u> When <u>April 28, 1983</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>3</u> Twp. <u>21S</u> Rge. <u>36E</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. 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


4. 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

5. 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.

  
Agent  
(Title)  
May 12, 1983  
(Date)

OIL CONSERVATION DIVISION  
MAY 16 1983  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
ORIGINAL SIGNED BY EDDIE SEAY  
BY \_\_\_\_\_  
OIL & GAS INSPECTOR  
TITLE \_\_\_\_\_

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 such change of condition.  
Form C-104 must be filed for each pool in multiply

RECEIVED  
MAY 16 1983  
HOLDS OFFICE