

OIL CONSERVATION DIVISION

P. O. BOX 2080

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)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/12/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Wallace State	10	Oil Center Blinbry	State, Federal or Fee State	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, Lea County				

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)	
Getty Trading & Transportation	101 E. Marland, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	Domestic Oil & Gas Accounting Section 10WW, Frank Phillips Bldg. Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	3
	21S	36E
	Is gas actually connected? No	
	When As soon as possible	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/14/82	03/12/83	7007'	6959'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3537.9'GR	Blinbry	5809'	5718'					
Perforations	Depth Casing Shoe							
5809', 5819', 5830', 5844', 5851', 5858', 5864', 5868', 5873', 5892', & 5898'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1324'	750sx
7 7/8"	5 1/2"	7007'	1810sx
	2 3/8"	5718'	

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)

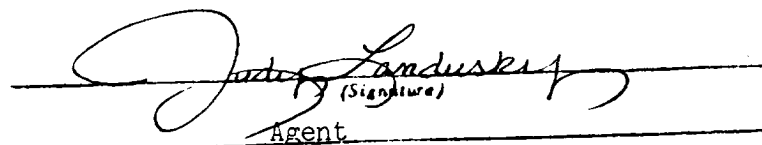
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
03/12/83	03/12/83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	120psi		20/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	85.78	-0-	82

GAS WELL

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

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.


(Signature)
Agent

March 15, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 8 1983, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 allow-
able 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.
Separate Forms C-104 must be filed for each pool in multi-

RECEIVED

MAR 16 1963

U.C.D.
HOBBS OFFICE