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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

F.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL GA	S				
Operator  ME_TEX_OTT_& CAS_TIVE							Well API No. 30-025-29055				
ME-TEX OIL & GAS, INC.  Address  30-0									· · · · · · · · · · · · · · · · · · ·		
P.O. BOX 2070 HOBBS, NM 88240											
Reason(s) for Filing (Check proper bax)  New Well	(	Change in	Transm	netee of:	Ouh	es (Piease explo	in)	, .			
New Well Change in Transporter of:  Recompletion Oil X Dry Gas EFFECTIVE DECEMBER 1, 1993  Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name			Pool N	iame, Includ	ing Formation	nation Kind of			f Lease No.		
WALLACE STATE	11 OIL CENTER							Federal or Fee A-1375			
Location											
Unit Letter : 4200 Feet From The SOUTH Line and 990 Feet From The WEST Line											
Section 3 Township 21S Range 36E NMPM, IFA County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Curing	P.O. BOX 580 HOBBS, NM 88241										
CPM CAS CORP.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, OK 74005						
If well produces oil or liquids, give location of tanks.				is gas actuali	y connected?	When					
If this production is commingled with that i	N I	3	215	36E	y∈	es .		2-6-	85		
IV. COMPLETION DATA		· or	μω, <sub>Β</sub> ,	ve continue	und other mun	oa:		<del></del>			
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready		o Prod.		Total Depth	<u> </u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubica Dauth				
								Tuhing Depth			
Perforations				Depth Casing Shoe							
110150175	TUBING, CASING AND				CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					<u> </u>			
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 Rua To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press.	ine suit		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
O A O 31/703 I					<u> </u>		<del>-</del>				
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bhie Conden	**** A A 4 C E		10			
	Length of Test				Bbla. Condensate/MMCF			Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	NCE				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
<i>(</i> ) , , , , .						Approved	ــلنـــ		193		
Signature					∥ ву_	By Orig. Signed by					
RODENA HISER PROJUCTION CLERK					Paul Kautz Geologast						
Printed Name Title CCIOSER 29, 1993 505-397-7750					Title	····	G <del>6</del> 01	~ <b></b>			
Date			phone N						_	<del></del>	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.