

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Me-Tex Supply Company		Well API No. 30 025-25397
Address P.O. Box 2070, Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pancana Federal	Well No. 1	Pool Name, Including Formation Drinking Blinebry oil & gas	Kind of Lease Sole, Federal or Fee X	Lease No. NM-1410
Location Unit Letter M : 660 Feet From The South Line and 990 Feet From The West Line Section 6 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco, Inc. Prod.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 6	Twp. 22	Rge. 37	Is gas actually connected? Yes	When? 1-15-77
If this production is commingling with that from any other lease or pool, give commingling order number: <u>ANC-734</u>						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover X	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.) 3457G.L.	Name of Producing Formation Blinebry-Tubb		Top Oil/Gas Pay 5708 - 6160		Tubing Depth			
Perforations 5868-6383 5868-5938					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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 1-18-88	Date of Test 5-30-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size --
Actual Prod. During Test 19.6	Oil - Bbls. 7.84 (2.35)	Water - Bbls. 11.75	Gas- MCF 54.9

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature Ruth Y. Hill Prod. Sec.
Printed Name Ruth Y. Hill Title
Date 9/1/89 Telephone No. (505) 397-7750

OIL CONSERVATION DIVISION

Date Approved SEP 5 1989
By _____
Title _____
Orig. Signed by Paul Kautz
Geologist

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.