District I PO Box 1980, Hobbs, NM 83241-1960 District II

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

Date

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Signatur	e:	Low		775	مرم	el		L31-151-15-15-15-15-15-15-15-15-15-15-15-1					
Printed manne: Tonia Harper						Title: Approval Date: CFO E/A 1008							
Title: Production Clerk  Date: 09-08-98 Phone: 505-397-7750						Approval Date: SFP 1.2. 1998							
Date:	09-08												

Printed Name

Previous Operator Signature

Submit 5 Copies
Appropriate Dataset Offices
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II P.O. Desser DO, Asseia, NM 88210

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

DISTRICT III
1000 Rao Bergos Rd., Astoc, NM \$7410

1.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ME-TEX OIL	30-025-25	30-025-25666							
P.O. BOX 20	70 HOBBS	s, N.M. 8	8240						
Reseas(A) for Piling (Check proper best) New Well Recompletion Change in Operator If change of operator give name and address of provious operator ME	Oui Comagheed Gos	in Transporter of:  Dry Cos  Condenses	7-21	OPERATOR N -93 BBS, N.M.	1				
II. DESCRIPTION OF WELL	AND LEASE								
Deck Federal	<b>Wall</b> 2	Pod Name, lactu Drinka		Kind of Lane Small College or Peo	LCO34548				
Lectrics Unit Letter C	. 860	N	rth Limes 1980 For the To West						
Section 18 Toronday	22S	37E	Norm Lea	POR FROM 180 ±	vest				
III. DESIGNATION OF TRANS					County				
Nome of Authorized Transporter of Ou		OIL AND NATI	Address (Give address to which	approved capy of this fo	rm is to be sent)				
Name of Authorized Transporter of Canad	prof Con	or Dry Gas	Address (Give address to which	approved capy of this fo	rm is to be sent)				
West produces oil or liquids,	TOO Inc		le gre estably connected?	When 7					
give location of teeks. If this production is commungled with that f	From any Other lease	or pool, give commis	ling order masher:	1					
IV. COMPLETION DATA	lou v	Vali   Cas Well	New Well   Wastower	Daniel Bus Bust I	Some Res'v Diff Res'v				
Designate Type of Completion - Date Spetiod	Date Compt. Read	i	Total Dopa						
Elevations (DF, RKB, RT, GR, etc.)				P.A.T.D.					
National (UF, RES, RI, CR, RE.)	Name of Produces	g Formation	Top Oil/Clas Pay	Tuhing Days					
				Dopth Casing	; Shoo				
HOLE SIZE		IG, CASING AND	CEMENTING RECORD DEPTH SET		SACKS CEMENT				
					- Calcard				
V. TEST DATA AND REQUES			<u> </u>	<u> </u>					
OIL WELL (Tasi musi be after re Date First New Oil Run To Tank	Date of Test	me of load oil and mu	Producing Method (Flow, purp.	ble for this depth or be fo gas lift, etc.)	or full 24 hours )				
Leagth of Test	Tubing Pressure		Cooling Process	Cheho Sipe	Chehe Size				
Actual Prod. During Test	Oil - Bhia.		Water - Bhis.	Gen MCF	Ger MCF				
GAS WELL Areas Frod. Yes - MCF/D	Longth of Test	· · · · · · · · · · · · · · · · · · ·	Bits. Condenses MildCF	Conview of C					
Testing Method (pilot, back pr.)	Tubias Pressure (	Sw(-in)	Cooks Pressure (Shut-is)	Choke Size					
VI. OPERATOR CERTIFIC.  1 hereby certify that the rules and regula  Division have been complied with and it	mone of the Oil Co.	Even shove	OIL CONSERVATION DIVISION						
as true and complete to the best of my b	Dowledge and belie	<b>(</b> .	Date Approved - 007 1 3 1993						
Kodena His	مد	<del></del>	By ORIGINAL SIGNED BY JERRY SEXTON						
RODENA HISER	PRODUC	TION CLERK	DISTRICT I SUPERVISOR						
AUGUST 23, 1993		5 - 397 - 7750 Telephone No	Title						

INSTRUCTIONS: This form is to be filled 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.

DISTRIBUTION SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	٠,						
FILE	REQUES	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116						
	<del></del>	AND	Filective 1-1-62						
U.S.G.S.	AUTHORIZATION TO TR	N CAS							
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
FRANSPORTER GAS									
OPERATOR	]								
PRORATION OFFICE									
ME-TEX SUPPLY CO	MPANY								
P.O. Box 2070, H	obbs, NM 88240								
Reason(s) for filing (Check proper b	ox)	Other (Please explain)							
New Well	Change in Transporter of:								
Recompletion	Ott Dry C	Change of O	nerator						
Change in Ownership X	Casinghead Gas Cond	ensate	perator						
If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AN	MARTINDALE PETROLE	UM CORP., P.O.Box 2	403, Hobbs, NM 88240						
Lease Name	Well No. Pool Name, Including	Formation Kind of L	eque No						
DECK FEDERAL	2 Drinkard	State, Fe	decal or Fee Federal 34548						
Location	60		34348						
	Feet From The North L	1980	om The West						
		Feet Fi	rom The West						
Line of Section 18	ownship 22S Range	37E , NMPM, Lea							
		Jim M. Lea	County						
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS							
Name of Authorized Transporter of C	Oil XXX or Condensate [	Address (Give address to which a	oproved copy of this form is to be sent)						
Navajo Refining									
Name of Authorized Transporter of C		Address (Give address to which as	NM 88210  proved copy of this form is to be semi)						
Texaco Producing	Inc.								
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Box 3000, Tulsa	When						
give location of tanks.	B   18   22S   37E		3/15/78						
If this production is commingled w COMPLETION DATA	with that from any other lease or pool,								
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back   Same Ree'v. Diff. Ree'v.						
Date Spudded									
Date spaces	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Flavours (OF BKO DO									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth						
Perforations			Depth Casing Shoe						
		D CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
<del></del>									
TEST DATA AND REQUEST F		feer recovery of total volume of load	pil and must be equal to or exceed top allow-						
OII. WELL Date First New Oil Bun To Tanks	Date of Test	rpin or be for full 24 howers	•						
Date Liter New Ott May 10 Jants	Date of feet	Producing Method (Flour, pump, gas	lifs, eso.)						
Length of Test	Tubing Pressure .	Casing Pressure	Choke Size						
Actual Prod. During Test	Oil-Bhis.	Water - Bble.	Gas-MCF						
	1	1							
OAC WEEK									
GAS WELL Actual Prod. Test-MCF/D									
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCIF	Gravity of Condensate						

Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Bise

APPROVED\_

TITLE .

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Tule)

Vice-President

2/1/897721 (Date) 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.

OIL CONSERVATION COMMISSION FEB 0 8 1989

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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.

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FEB 7 1989

OCD HOBBS OFFICE