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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

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

NOV 17 1992

O. C. D.
ARTESIA OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Mewbourne Oil Company	Well API No. 30-015-27135
Address P.O. Box 5270 Hobbs, New Mexico 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Empire "20" State	Well No. 1	Pool Name, Including Formation Empire Morrow (South) Gas	Kind of Lease State, Federal or Other	Lease No. E-742
Location Unit Letter <u>F</u> : <u>2180</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>17S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Scurlock Permian	333 Clay Street, Suite 2900, Houston, Tx. 77002
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern	P.O. Box 1188, Houston, Texas 77251-1188
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	F 20 17S 29E Yes 11/09/92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 09/25/92	Date Compl. Ready to Prod. 11/06/92	Total Depth 10,920'	P.B.T.D. 10,880'					
Elevations (DF, RKB, RT, GR, etc.) 3626' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,750'	Tubing Depth 10,532'					
Perforations 10,750'-10,754' 10,758'-10,767'			Depth Casing Shoe 10,920'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	490'	520 sx. Part ID-2
12-1/4"	9-5/8"	2600'	1050 sx. 12-11-92
8-3/4"	5-1/2"	10920'	2965 sx. comp & BK
5-1/2"	2-7/8"	10532'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1050	Length of Test 24 Hours	Bbls. Condensate/MMCF 23	Gravity of Condensate 55°
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3200#	Casing Pressure (Shut-in) 0#	Choke Size 9/64"

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
Kelly Ryan Dist. Supt.
Printed Name Title
Date 11/16/92 Telephone No. (505) 393-5905

OIL CONSERVATION DIVISION

Date Approved NOV 25 1992
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.