

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
(Supersedes Old C-104 and  
Effective 1-1-65)

AUG 20 1984

O. C. D.  
ARTESIA, OFFICE

Operator  
MEWBOURNE OIL COMPANY

Address  
P. O. Box 7698, Tyler, Texas 75711

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒

Recompletion ☐ Oil ☐ Condensate ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name STATE "B" COM	Well No. 1	Pool Name, Including Formation NORTH CEMETARY ATOKA	Kind of Lease State, Federal or Fee STATE	Lease No. L-322
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Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 33 Township 19 South Range 25 East, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Gas Company of New Mexico

Address (Give address to which approved copy of this form is to be sent)  
4001 P. O. Box 26400, Albuquerque, N.M. 87125

Address (Give address to which approved copy of this form is to be sent)  
P.O.Box 26400, Albuquerque, N.M. 87125

If well produces oil or liquids, give location of tanks. Unit B Sec. 33 Twp. 19 Rge. 25 Is gas actually connected? Yes When 6-11-75

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Post FD 3  
8-24-84  
6/9-GT/12-11-SUC

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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Raymond Thompson*  
(Signature)  
Exploration Secretary  
(Title)  
August 17, 1984  
(Date)

OIL CONSERVATION COMMISSION  
AUG 22 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
Supervisor District II

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.