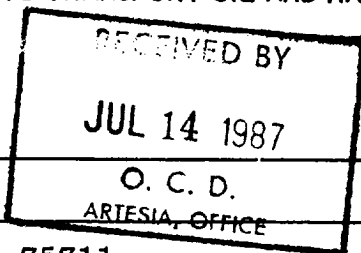


SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



I. Operator
MEWBOURNE OIL COMPANY
Address
P. O. BOX 7698, TYLER, TEXAS 75711
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name First National Bank of Albuquerque	Well No. 1	Pool Name, Including Formation Cemetery (Morrow)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>20S</u> Range <u>25E</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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, Texas 79761					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	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 F	Sec. 8	Twp. 20S	Rge. 25E	Is gas actually connected? Yes	When 6/09/75

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						
Date Spudded 2/27/74	Date Compl. Ready to Prod. 4/22/74	Total Depth 9550'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3496' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 9358'	Tubing Depth 9250'					
Perforations 9446' - 9469'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	335'	300					
11"	8-5/8"	1,250'	550					
7-7/8"	4-1/2"	9,550'	847					
	2-3/8"	9,250'						

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-3 7-12-87 by GT:SGK	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.


(Signature)
Engineering Operations Secretary
(Title)
July 9, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 16 1987, 19
Original Signed By
BY Los A. Clemente
TITLE Supervisor District II

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.