. ••			1
SANTA FE			
FILE	1	V	
U.S.G.S.		i	
AND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR	1		
PRORATION OF			
Operator			
ME	RNE	OII	

## REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form	C-104	1			
Sup	ers ede s	Old	C-104	and	C-110
Effe	ctive i	-1-65			

	AND OFFICE	RE	CEIVED			
-   1	TRANSPORTER OIL / GAS /	-				
\-			1977			
<u> </u>	OPERATOR / MAY 5 1977					
3.	perator	<del></del>	0 0 0			
	MEWBOURNE OI	T COMPANY	O. G. C.			
<b>A</b>	dress					
	330 Citizen	s Bank Building, Tyler,				
R	eason(s) for filing (Check proper bo		Other (Please exp		f Operator only	
N	ew Well	Change in Transporter of:			f Operator only	
R	ecompletion	Oil Dry Go	Fi		tion Compan <b>y</b> 1 1977	
С	hange in Ownership	Casinghead Gas Conder	nsate   effectiv	e MAY	1, 1977	
16	change of ownership give name		ome only (come our	orchin)		
	d address of previous owner	Change in operating n	ame only (same own	ersurp).		
	ESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kin	d of Lease	Lease No.	
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
-	Federal "C" Com	1 Cemetary (	nor row)			
		.980 Feet From The North Lin	. 660 -		East	
	Unit Letter H ; I	Feet From TheLin	e andF	eetriom ine		
	Line of Section 7	ownship 20 S Range 2	5 E , NMPM,	Edd	y County	
L	Line of section /	200	· · · · · · · · · · · · · · · · · · ·			
ות וו	FSIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	is			
N	dine of Authorized Transporter of Oi	1 or Condensate XX	Address (Give address to wh		copy of this form is to be sent)	
ŀ	Navajo Crude Oil Puro	hasing Company			New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is						
	Gas Company of New Me	exico	!		Building, Dallas, TX	
16	well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When	75270	
	ive location of tanks.	H	Yes		6/12/75	
If ·	this production is commingled w	ith that from any other lease or pool,	give commingling order num	nber:	•	
	OMPLETION DATA				lug Back   Same Resty, Diff, Resty,	
	Designate Type of Completi	on - (X)	New Well Workover D	Deepen Pl	rug Back Same Hes C. Sim Hes V.	
			Total Depth		.B.T.D.	
P	ate Spudded	Date Compl. Ready to Prod.	Total Depth	1.		
<u> </u>	(DE DVD DE CO	Name of Producting Formation	Top Oil/Gas Pay	T	ubing Depth	
E	levations (DF, RKB, RT, GR, etc.)	Name of Producing Pointation	100 011/ 045 / 4/			
Ļ	erforgtions		<u> </u>	D	epth Casing Shoe	
٦	eriorations					
-		TUBING CASING AND	CEMENTING RECORD			
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
-	HOLL 312L					
-						
-						
L Urri	EST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume o	f load oil and	must be equal to or exceed top allow	
	IL WELL	able for this de	pth or be for full 24 hours)			
D	ate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas liji, e	tc.)	
				<del></del>	hoke Size	
L	ength of Test	Tubing Pressure	Cosing Pressure	-	, ,	
			Water-Bbls.		ge - MCF	
_ A	ctual Prod. During Test	Oil-Bbls.	Wdiel - Sbis.	-		
<u> </u>					<del></del>	
_						
	AS WELL ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	G	ravity of Condensate	
^	cital Prod. 1881-MCF/D		,	·   -	The state of the s	
-	'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	)   c	hoke Size	
1,	esting Method (pitot, back pr.)	. and			•	
L.			OU CON	ISEBVATI	ON COMMISSION	
ı. Cı	ERTIFICATE OF COMPLIAN	CE	OIL CON	13EKVATI	ON 33/1/1/33/3/1	
	_		APPROVED	UN 1 3 19	<u> </u>	
	ingles hous been complied	regulations of the Oil Conservation with and that the information given	7.50	) Ano	not	
ab	ove is true and complete to th	e best of my knowledge and belief.	of my knowledge and belief.  SUPERVISOR, DISTRICT, H			
			TITLESUPERVIS	OR, DISTR	uct B	
	_	$\bigcirc$	11	filed to nom	olience with mut F 1104	
	This form is to be filed in compliance with Rut				to for a newly drilled or deepened	
If this is a request for allowable for a newly well, this form must be accompanied by a tabulati tests taken on the well in accordance with RULE  All sections of this form must be filled out on			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			
			ICO WITH HULE 111.			
		itle)	All sections of this able on new and recom	s form must to pleted wells	De inted ont combistery for strom	
	April 15, 1977	<b>,</b>	THE TAX STATE OF THE STATE OF T	1 T TT T	it and Ut for changes of owner	
		ate)	well name or number, or	transporter	or other andu cuange of condition	
		·	Separate Forms C	-104 must be	e filed for each pool in multiply	
			completed wells.			