FILE U.S.G.S.

REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-116 Effective 1-1-65

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

.

LAND OFFICE	AUTHORIZATION TO TRANSPORT OF AND NATURAL GAS		
TRANSPORTER OIL GAS OPERATOR /	RECEIVED		
PRORATION OFFICE Operator	MAY 2 3 1077		
MEWBOURNE OIL COMPANY			
Address 330 Citizens Bank Building, Tyler, Texas 7570281A, OFFICE			
Reason(s) for filing (Check proper box) Other (Please explain)			
New We!l Recompletion	Change in Transporter of: Change in name of Company. Oil Dry Gas Effective May 1, 1977.		
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name change in name of Company only - no ownership change.			
and address of previous owner Online In hame of company only no ownership change.			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.
Foster	1 Foster Ranch-N	Morrow Gas State, Fede	ral or Fee Fee
Unit Letter J : 2130 Feet From The South Line and 1980 Feet From The East			
Line of Section 21 Township 20 S Range 24 E , NMPM, Eddy County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil			
N/A Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
N/A	Unit Sec. Twp. P.ge.	Is gas actually connected? , W	hen ,
If well produces oil or liquids, give location of tanks.	1 1 1	No	
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.			
Designate Type of Completion	,i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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 (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)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Cosing Pressure	Cheke Size
	Oil - Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	011-2516.		1 The state of the
	•		a Maria
Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressurs (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION ABBROVED JUN 1 3 1977	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUN 13 19 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Will X Presser	
		TITLE SUPERVISOR, DISTRICT H	
m = 1		This form is to be filed in compliance with MULE 1104. If this is a request for silowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Production Clerk (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
May 19, 1977		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.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	