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	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 C-110
Effective 1-1-65

JAN 19 '88

O. C. D.
ARTESIA OFFICE

Operator Morexco, Inc. ✓

Address Post Office Box 481, Artesia, New Mexico 88211-0481

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)
Change of Operator

If change of ownership given above, give name and address of previous owner
Floyd M. Osbourn - Helen M. Osbourn, 203 E. Main, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Warren State</u>	Well No. <u>2Y</u>	Pool Name, including Formation <u>Millman-Grayburg</u>	Kind of Lease State, Federal or Fee	State <u>State</u>	Lease No. <u>E-1051</u>
Location <u>E 1650</u>	<u>N</u>	<u>340</u>	<u>W</u>		
Unit Letter <u>17</u>	<u>19S</u>	<u>28E</u>	<u>Eddy</u>	<u>County</u>	
Line of Section	Township	Range	NMPM,		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. Freeman, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 5050, Bartlesville, OK 74404</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>17</u> Twp. <u>19S</u> Range <u>28E</u> Is gas actually connected? <u>Yes</u> When <u>February 6, 1987</u>

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.
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					
				<u>Part ID-3</u>					
				<u>1-22-88</u>					
				<u>chg ap.</u>					

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 Banks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, slug, etc.)	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.

Bucky Olson
Agent (Signature)

(Title)

19, 1988

OIL CONSERVATION COMMISSION

APPROVED JAN 19 1988, 19

Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name, or transporter, or other such change of condition.