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

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

MAR 15 '88

O. C. D.  
ARTESIA, OFFICE

1. Operator Morexco, Inc.

Address P. O. Box 481, Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name JMD State Well No. 1 Pool Name, Including Formation Wildcat, San Andres Kind of Lease State Lease No. 4222

Location Unit Letter K; 1650 Feet From The South Line and 1650 Feet From The West

Line of Section 12 Township 19S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P. O. Box 838, Hobbs, NM 88241

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit K Sec. 12 Twp. 19S Rge. 27E Is gas actually connected? Yes When 3-11-88

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 1-28-88 Date Compl. Ready to Prod. 3-11-88 Total Depth 2136' P.B.T.D. 2100'

Elevations (DF, RKB, RT, GR, etc.) 3484' Grd. Name of Producing Formation Grayburg Top Oil/Gas Pay Loco Hills 1826 Tubing Depth 2130' 1826

Perforations 1733-35 w/03. 1748-56' w/9. 1772-76 w/03. Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>8 5/8" 24#</u>	<u>331'</u>	<u>300 SXS.</u>
<u>7 7/8"</u>	<u>5 1/2" 15.5#</u>	<u>2130'</u>	<u>450 SXS.</u>
	<u>2 7/8"</u>	<u>1826</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 Tanks 3-9-88 Date of Test 3-14-88 Producing Method (Flow, pump, gas lift, etc.) Pump

Length of Test 24 hrs. Tubing Pressure n/a Casing Pressure n/a Choke Size n/a

Actual Prod. During Test Oil-Bbls. 80 Water-Bbls. 40 Gas-MCF TSTM

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.

Chuck Morgan  
(Signature)  
Engineer  
(Title)  
March 15, 1988

OIL CONSERVATION COMMISSION

APPROVED MAR 21 1988, 19

BY 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 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.