

AMENDED AS TO NAME

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Aracola, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Diazon Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Mewbourne Oil Company		Well APN No. 30-025- 29954
Address P. O. Box 7698, Tyler, Texas 75711		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) Change Well Name. Effective Date: November 1, 1993 Old Name: Federal "L" #3 QPBSU 13 #3
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name QPBSU 3	Well No. 3	Pool Name, Including Formation Querecho Plains - Upper Bone Spring	Kind of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/>	Lease No. NM-0554244
Location				
Unit Letter G	Year 1980	Fect From The North	Line and 1650	Fect From The East
Section 23	Township 18-South	Range 32-East	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil Phillips Petroleum - Trucks	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762		
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 18S	Rge. 32E
		Is gas actually connected? Yes		When?
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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.H.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			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of fluid 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 Tank	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 (prod, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature <i>Gaylon Thompson</i>	
Gaylon Thompson, Engr. Oprns. Secretary	
Printed Name	Title
October 27, 1993	(903) 561-2900
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	Orig. Signed by Paul Kautz Geologist
By	
Title	

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with 111.
 - Sections of this form must be filled out for allowable on new and recompleted wells.
 - Only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other.
 - Form C-104 must be filed for each well.