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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator | - · · · · · · · · · · · · · · · · · · · | 10/110/ | WO OIT C | AND NATURAL GAS | | DESI: | | |
|---|---|--|--------------------|--|--|--|---------------------|--|
| Morexco, Inc. | | | | | Well A | API No. | | |
| Address | | | | | | | | |
| Post Office Box | 481, | Artes | ia, New | Mexico 88211-048 | 31 | | | |
| Reason(s) for Filing (Check proper box) Other (Please explain) | | | | | | | | |
| Change in Transporter of: | | | | | | | | |
| Change in Operator | | d Cor □ | Dry Gas Condensate |] | | | | |
| | | | | , P.O. Box 728, | Hobbs | | 3001 | |
| and address of previous operator | | | ng, me. | 7 1.0. DOX 720, | поров | , New Me | 1x1CO 8824U | |
| IL DESCRIPTION OF WELL | AND LE | ASE | | | | | | |
| Lease Name | Well No. | Pool Name, Incl | uding Formation | Kind o | of Lease | Lease No. | | |
| East Eumont Unit | | 80 | Eumon | -Yates-SR-Q & | | State, Federal or Fee | | |
| Location | 660 | , | | | _ | | | |
| Unit Letter M | 660 | , ——— | Feet From The | S Line and 81 | .0F∝ | et From The | W Line | |
| Section 26 Townshi | _p 1 | .9s | Range | 37E , NMPM, | | | Lea Court | |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | County | |
| III. DESIGNATION OF TRAN | SPORTE | R OF O | L AND NAT | URAL GAS | こばり | com 160 | rt VX 1 | |
| Transporter of On | sate | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Texas-New Mexic Name of Authorized Transporter of Casing | 22 D-1 C 1 | P.O. Box 2528, Hobbs, New Mexico 88240 | | | | | | |
| Warren Petroleu | or Dry Gas | Address (Give address to which | approved | copy of this form | is to be sent) | | | |
| If well produces oil or liquids, | Unit | | | P.O. Box 1589, e. Is gas actually connected? | | | oma 74102 | |
| give location of tanks. | <u>ii</u> | 1 | İ | | When | , | | |
| If this production is commingled with that i | rom any oth | er lease or p | ool, give commit | ngling order number: | | · | | |
| IV. COMPLETION DATA | | | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | G28 Well | New Well Workover | Deepen | Plug Back San | ne Res'v Diff Res'v | |
| Date Spudded | · | l. Ready to | Prod | Total Depth | l | | | |
| | | | | Total Deput | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | roducing Fo | rmation | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | rusing Exeput | racing Deput | | |
| renorations | | | | | | Depth Casing Sh | oe | |
| | | TIDDIC | CACDIC AND | | | | | |
| HOLE SIZE CASING & TUBING S | | | CASING ANI | CEMENTING RECORD | | | | |
| THE SIZE | - OAC | | BING SIZE | DEPTH SET | DEPTH SET | | SACKS CEMENT | |
| | | | | | | | | |
| | | | | | | | | |
| I TECT DATE AND DESCRIPTION | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | T FOR A | LLOWA | BLE | | | | | |
| Date First New Oil Run To Tank | covery of tol | tal volume o | f load oil and mu | st be equal to or exceed top allowa | ble for this | depth or be for fu | Il 24 hours.) | |
| Determination on Run 10 Jank | Date of Tes | ī | | Producing Method (Flow, pump, | , gas lift, et | c.) | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | Casing Pressure | | Choke Size | |
| | 3 | | | The state of the s | | | Choke Size | |
| octual Prod. During Test Oil - Bbls. | | | | Water - Bbls. | | Gas- MCF | | |
| | | | | | | | | |
| GAS WELL | | | | | ······································ | | | |
| Actual Prod. Test - MCF/D | Length of T | est | | Bbls. Condensate/MMCF | | Gravity of Conde | nsate | |
| M. M | Tubing Pressure (Shut-in) | | | | 1 | - | | |
| esting Method (pitot, back pr.) | | | | Casing Pressure (Shut-in) | | Choke Size | | |
| II OPED A TOP CERTIFIC | | | | | | | | |
| AL OPERATOR CERTIFICA | | | | OIL COME | E D. / A | TION DO | "01011 | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | OIL CONS | OIL CONSERVATION DIVISION | | | |
| is true and complete to the best of my knowledge and belief. | | | | Date Approved | | | | |
| • | | | | Date Approved | | | | |
| Retrecca Opon | | | | By Paul Rautz | | | | |
| Signature Rebecca Olson Agent | | | | By | By Paul Kautz | | | |
| Printed Name Title | | | |) f | Geolog | ist | | |
| March 13, 1989 | 520 | Title. | | | | | | |
| Date The State of | ta sette de responsación : | Telep! | KYR No. | | | | | |
| INCUPLICATIONS, 71: 6 | | | وينهق أداعه لكنسك | | | the state of the second production of the second se | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.