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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC	1.111				
1000 Rio	Brazos	Rd.	Aztec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u> </u>	TO TRA	NSP	ORT OI	L AND I	NATURAL	_GAS					
Operator Tag		Well API No.										
Morexco, Inc.												
Post Office Bo	x 481,	Arte	sia	, New	Mexic	o 8821	1-04	81				
Reason(s) for Filing (Check proper box) New Well		Change in	Tmaco	orter of:		Other (Please	explain					
Recompletion	Oil		Ттанар Dту G									
Change in Operator \square_X		d Gas						ction		•		
If change of operator give name and address of previous operator Te	xaco P	roduc	ing	, Inc.	, P.O	. Box	728,	Hobb	s, New	Mexic	0 88240	
II. DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name							-				ease No.	
East Eumont Un	it	48	1	Eumon	t-Yat	es-SR-	Q	State,	Federal or Fe	st.	E-2721	
Unit LetterM	. 740		East E	inom The	S	Line and	660	-	et From The	W		
Section 15 Townshi		19S	Range		37E	. n. em. e		re		Lea	Line County	
III. DESIGNATION OF TRAN										БСС	County	
Name of Authorized Transporter of Oil		or Conder					to which	approved	copy of this f	orm is to be se	ent)	
Injection Name of Authorized Transporter of Casin	phead Gas		Or Des	Gas 🗍	Address	(Cina ad ±	10			·		
Transporter or Casti					Audress	Sive adaress	io which	approvep	copy of this f	orm is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	Is gas act	ually connecte	d?	When	?	_		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ive comming	ling order 1	пштьет:						
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New W	'ell Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	pl. Ready to	Prod.		Total De	pth			P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay							
		Traine of Frontiering Formation							Tubing Depth			
Perforations									Depth Casir	g Shoe		
	Т	UBING.	CASI	NG AND	CEMEN	TING REC	ORD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH				SACKS CEM	ENT	
	-								<u> </u>			
					 							
V TECT DATA AND DECLIES	T FOR	iiow										
V. TEST DATA AND REQUES OIL WELL (Test must be after r					t he equal t	o or exceed to	n allow	ible for thi	e death as he	for 6:11 24 hav	1	
Date First New Oil Run To Tank	Date of Te	st.	0, 1000	02 0.2 //22		Method (Flo				jor juli 24 nou	73.)	
Length of Test	T. N D.				ICarian B				Choke Size			
Trengal of Tear	lubing Pre	Tubing Pressure			Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.				Gas- MCF			
GAS WELL					J							
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Co	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC				NCE			ONIC	EDV	ATION	DIVIO:		
I hereby certify that the rules and regul Division have been complied with and				'e		OIL C	ONS			DIVISIO		
is true and complete to the best of my knowledge and belief.				Date Approved MAR 1 3 1989								
Alreca Cix	2017	·····				• •	0016	MAIAI CL	GNED BY .	ERRY SEXT	ION	
Signature Rebecca Olson Agent					B)	/		DISTR	ICT I SUPE	RVISOR		
Printed Name Title March 1, 1989 (505) 746-6520				Ti	tle							
Date		Tele	plane l	No.								
L Engl 2 IRM	and the same of the same	A Company	A common blooding.		* * * * * * * * * * * * * * * * * * * *		-		And Commence of the Commence o	and the second s		

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.

 (2) Suggesta Form C 104 must be filled for each coast in publishing a set of treatle.