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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator						Well A	P1 NO.			
Morexco, Inc.										
Address :										
Post Office Box	481, A	rtesi	la, New M	exico 8	38211-04	181				
Reason(s) for Filing (Check proper box)				Oth	r (Please explai	n)				
New Well	Ch	ange in Ti	ransporter of:							
Recompletion	Oil	□ D	ry Gas							
Change in Operator	Casinghead G		ondensate		SI					
	aco Pro	ducir	ng, Inc.,	P.O.		, Hobbs	s, New	Mexico	88240	
II. DESCRIPTION OF WELL A	ANDIEACI	c								
			tant Niama Includia	- Г		V:-4 -	of Lease	1 ,	ease No.	
Lease Name	1.	Well No.   Pool Name, Including						Federal or Fee St. B-243		
East Eumont Uni	<u> </u>	31	Eumonic	- Iaces	-DK-Q			BL.	D 243	
Location					0.4					
Unit Letter A	: 660		eet From The		and93	90 Fe	et From The	Е	Line	
Section 16 Township	, 19	S p	tange 3	7E , N	мрм,			Lea	County	
III. DESIGNATION OF TRANS	SPORTER	OF OH	, AND NATIU	RAL GAS	TA	_				
Name of Authorized Transporter of Oil		Condensa			e address to wh	ich approved	copy of this f	orm is to be s	ent)	
Texas-New Mexic	1 -7			1					0 88240	
			- D-: C []	<del> </del>						
Name of Authorized Transporter of Casing	_		or Dry Gas		e address to wh					
Warren Petroleu					Box 1589			anoma	/4102	
	Unit Se	-			y connected?	When	-			
give location of tanks.	M	3 ]	19 <b>5  </b> 37E	Yes		<u> </u>	956			
If this production is commingled with that if  IV. COMPLETION DATA	from any other l	lease or po	ool, give commingl	ing order num	ber.					
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Date Compl. I	Ready to 1	Prod	Total Depth	1	l	DDTD	<u> </u>		
Date Spudded	Date Compi. 1	Ready IO I	lou.	Total Depar			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Produ			mation	Top Oil/Gas Pay			Tubing Depth			
<del></del>				·			1			
Perforations							Depth Casin	ig Shoe		
Perforations							Depth Casii	ig Shoe		
Perforations	TU	BING, (	CASING AND	СЕМЕНТІ	NG RECOR	D	Depth Casii	ig Shoe		
Perforations  HOLE SIZE	T		CASING AND	CEMENTI	NG RECOR DEPTH SET	D	1	SACKS CEN	1ENT	
	T			CEMENTI		D	1		MENT	
	T			СЕМЕНТІ		D	1		MENT	
	T			CEMENTI		D	1		MENT	
	T			CEMENTI		D	1		MENT	
HOLE SIZE	CASIN	IG & TUE	BING SIZE	CEMENTI		D	1		MENT	
HOLE SIZE  V. TEST DATA AND REQUES	CASIN T FOR AL	IG & TUE	BING SIZE  BLE		DEPTH SET			SACKS CEN		
HOLE SIZE  V. TEST DATA AND REQUES OIL WELL (Test must be after r	CASIN ST FOR AL ecovery of total	IG & TUE	BING SIZE  BLE	be equal to o	DEPTH SET	owable for th	is depth or be	SACKS CEN		
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Poquest 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.