

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
REGISTRATION OFFICE	

Company: MERCURY EXPLORATION COMPANY
Address: 1619 PENNSYLVANIA AVE. FORT WORTH, TEXAS 76104

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Incompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain): CHANGE OPERATOR AS OF APRIL 1, 1989

If change of ownership give name and address of previous owner: MOBIL PRODUCING TX & NM INC. 9 GREENWAY PLAZA SUITE 2700 HOUSTON, TEXAS 77046

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>WEST LUNCH DEEP UNIT</u>	<u>1</u>	<u>WEST LUNCH MORROW</u>	<u>FEDERAL</u>	<u>039256</u>

Location: Unit Letter 0; 2310 Feet From The EAST Line and 660 Feet From The SOUTH Line of Section 28 Township T20S Range R34E, NMPM, LEA Co.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PERMIAN CORPORATION</u>	<u>Box 1183 HOUSTON, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>LIANO, INC.</u>	<u>Box 1320 HOBBS, NEW MEXICO 88240</u>

If well produces oil or liquids, give location of tanks: Unit 0 Sec. 28 Twp. 20S Rge. 34E Is gas actually connected? YES When 12-22-80

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Resrv.	Diff.
		<u>X</u>						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>6-14-80</u>	<u>9-12-80</u>	<u>13,875</u>	<u>13,771</u>
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pav	Tubing Depth
<u>KDB 3752 GL 3728</u>	<u>MORROW</u>	<u>13,406</u>	<u>13,135</u>
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>26"</u>	<u>20" 95#</u>	<u>1622'</u>	<u>1700 5XS LNW + 200 C</u>
<u>17 1/2"</u>	<u>13 3/8" 61#</u>	<u>3400'</u>	<u>2000 5XS LNW + 2000 5XC</u>
<u>12 1/2"</u>	<u>9 5/8" 26#</u>	<u>5300'</u>	<u>1480 5XS</u>
<u>6 1/2"</u>	<u>5 1/2" 17#</u>	<u>13,875'</u>	<u>2050 5XS</u>

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 10% of total volume of oil and gas produced for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow. pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Choke Size
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>2487</u>	<u>24 HOURS</u>	<u>159</u>	<u>55.0</u>
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
<u>METER</u>	<u>2000</u>	<u>0</u>	<u>16/64</u>

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.

Jay G. [Signature]
AUTHORIZED AGENT
(Title)
6-27-89
(Date)

OIL CONSERVATION DIVISION
JUL 06 1989

APPROVED _____, 19____
BY Eddie W. Seay
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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of run. Separate Forms C-104 must be filled for each pool in m