

NO. OF COPIES RECEIVED	
INDIVIDUAL FORM	
SANTA FE	
FILE	
D.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

HOWLAND OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Superseded by OIL C-104 and C-1
 Effective 1-1-65

MorOilCo, Inc.

Address
P.O. Drawer I, Artesia, N.M. 88210

Reason(s) for filing (Check proper box)		Other	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	PLACED AFTER <u>5/22/78</u>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070	
	Dry Gas <input type="checkbox"/>	IS OBTAINED.	
	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner: _____
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

2. DESCRIPTION OF WELL AND LEASE

Lease Name Miller Federal	Well No. #3	Pool Name, including Formation Tom Tom San Andres	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 046153
Location Unit Letter G	1980	Feet From The N	Line and 1980	Feet From The E
Line of Section 33	Township 7	Range 31	N.M.P.M.	County Chaves

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing	P.O. Drawer 175, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	33	7	31	no	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" 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 Hole as Prod. Hole <input type="checkbox"/>
Date Spudded 3-8-78	Date Compl. Ready to Prod. 3-22-78	Total Depth 4020	P.B.T.D. 3999				
Elevations (DF, RNB, RT, GR, etc.) 4286'GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3830	Tubing Depth 3786				
Perforations 3830-34, 3858-60, 3878-82						Depth Casing Shoe 4019	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
11	8 5/8		1434		275sx. HOWCO Lite &		
7 7/8	4 1/2		4019		100sx. Cl. C. circ. 20sx.		
					100sx. Class. C 50/50		
					Poz		

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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 Tanks 3-22-78	Date of Test 3-22-78	Producing Method (Flow, pump, gas lift, etc.) Flow.	
Length of Test 24	Tubing Pressure	Casing Pressure	Crack Size
Actual Prod. During Test 80	Oil - Bbls. 80	Water - Bbls. -	Gas - MCF -

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Emul. Condensate/MCF	Gravity of Condensate
Test Pressure (psia, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Crack Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W. N. Morgan
 (Signature)

President

3-23-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

WAR 23 1978
John W. Ryan
Geologist

This form is to be filed in compliance with 100 C. 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a log section of the well to be tested on the well in accordance with 100 C. 111.
 All sections of this form must be filled out completely for allowable on a new well or a deepened well.
 Fill out only Sections I, II, III, and VI for an existing well, well name or number, or transportation, other such change of condition.

OIL CONSERVATION COMM.
HOORBS, N. M.

MAR 28 1978

RECEIVED