

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 18 1994

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Mewbourne Oil Company		Well API No. 30-015-27732
Address P.O. Box 5270 Hobbs, New Mexico 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Illinois Camp "17" State	Well No. 2	Pool Name, Including Formation Illinois Camp Morrow (North)	Kind of Lease State, <del>Lease</del> or <del>Oil</del>	Lease No. 647
Location				
Unit Letter J	: 1980	Feet From The South	Line and 1980	Feet From The East
Section 17	Township 18S	Range 28E	NMPM,	Eddy County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

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)
Phillips Pet. Co. Trucking	4001 Pennbrook Odessa, Tx. 79762
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)
Transwestern Pipeline Co.	P.O. Box 1188 Houston, Tx. 77251
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rgn.   Is gas actually connected?   When?
	J   17   18S   28E   Yes   1/18/94

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11/14/93	Date Compl. Ready to Prod. 1/15/94	Total Depth 10,570'		P.B.T.D. 10,500'				
Elevations (DF, RKB, RT, GR, etc.) 3616' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,373		Tubing Depth 10,104				
Performations 10,373'-10,385' 10,389'-10,391				Depth Casing Shoe 10,578				
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"	400'			400 sx. Circ.			
12-1/4"	9-5/8"	2516'			900 sx. Circ.			
8-3/4"	5-1/2"	10578'			3050 sx. Circ.			

**V. 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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Part FO-2 2-25-94	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			camp 4 BK
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D 1500	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 15	Gravity of Condensate 48°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3000#	Casing Pressure (Shut-in) 0#	Choke Size 14/64"

**VI. OPERATOR 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.

*Robert A. Jones*  
Signature  
Robert A. Jones Engineer  
Printed Name  
January 17, 1994 Date  
(505) 393-5905 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JAN 25 1994  
By \_\_\_\_\_  
Title SUPERVISOR, DISTRICT II

**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 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.

