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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form O-104
Supersedes Old O-104 and O-1
Effective 1-1-65
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AUG 27 1980

O. C. D.
ARTESIA OFFICE

Operator Mewbourne Oil Company	
Address P. O. Box 7698 - Tyler, Texas 75711	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☒
Recompletion ☐	
Change in Ownership ☐	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mewbourne 25 State Com.	Well No. 1	Pool Name, including Formation Buffalo Valley (Pennsylvanian)	Kind of Lease State, Federal or Fee State	Lease No. LG-5976
Location Unit Letter <u>N</u> : <u>1650</u> Feet From The <u>west</u> Line and <u>660</u> Feet From The <u>south</u> Line of Section <u>25</u> Township <u>14-S</u> Range <u>27-E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175 - Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 14-S	Rge. 27-E	Is gas actually connected? Yes	When 4/16/80

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)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Unit, Reservoir
Date Spud/Dec.	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DE, RLL, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and must be equal to or exceed top oil
oil 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dens. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

[Signature]
(Signature)

Exploration Secretary

(Title)

8/21/80

OIL CONSERVATION COMMISSION
SEP 4 - 1980

APPROVED _____, 19____
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the pressure
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able on a well and returned to the Commission.

Fill out only Sections I, II, III, and VI for change of own-
ership or change of name. Fill out only Section IV for change of location.