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JUN 14 '88

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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SANTA FE	<input checked="" type="checkbox"/>
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MorOilCo., Inc.

Address P.O. Drawer I Artesia, NM 88211-0269

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change In Transporter of:	Other (Please explain) <u>Add Transporter</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate	

change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>O'Brien</u>	<u>#1</u>	<u>Wildcat/Abo</u>	<u>SINKXREDOCK Fee</u>	

Location

Unit Letter C ; 660 Feet From The North Line and 1900 Feet From The West

Line of Section 25 Township 7S Range 29E , NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

one 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>Navajo Refining Company</u>	<u>P.O. Box 159 Artesia, NM 88210</u>
one of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>OXY Cities Service NGL Inc.</u>	<u>P.O. Box 300 Tulsa, OK 74102</u>
well produces oil or liquids, <u>Unit</u> <u>Sec.</u> <u>Twp.</u> <u>Rge.</u>	Is gas actually connected? <u>When</u>
well location of tanks. <u>C</u> <u>25</u> <u>7</u> <u>29</u>	<u>Yes</u> <u>2/1/88</u>

Put ID 3  
6-17-88  
Add LT NRC

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

NOTE: Complete Parts IV and V on reverse side if necessary.

## 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 is true and complete to the best of my knowledge and belief.

Frank A. Murga  
(Signature)

Operator  
(Title)

June 14, 1988  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 17 1988, 19 \_\_\_\_\_

BY Original Signed By  
Mike Williams

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

# COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Locations						Depth Casing Shoe		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## 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)

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
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

S WELL			
ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1100 MCFD	24 hours	3/100 MMCF/day	N/A
ting Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Flowing	1650#	250#	13/64