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 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

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

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

RECEIVED  
 MAR 14 1991  
 O. C. D.  
 ARTESIA OFFICE

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

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

I.

Operator <b>Morexco, Inc.</b>	Well API No.
Address <b>Post Office Box 481, Artesia, New Mexico 88211-0481</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <b>Change of Operator Effective 1-1-91</b>
Recompletion <input type="checkbox"/>	<b>Lease Operations Taken Over 2-16-91</b>
Change in Operator <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>DeKalb Energy Company, 800 Central, Odessa, Texas 79761</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Artesia Unit</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>Artesia-Q-GR-SA</b>	Kind of Lease State, Federal or Fee	Lease No. <b>State 647</b>
Location Unit Letter <b>B</b> : <b>380</b> Feet From The <b>N</b> Line and <b>2310</b> Feet From The <b>E</b> Line Section <b>35</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 175, Artesia, NM 88211-0175</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>26</b>	Twp. <b>17S</b>	Rge. <b>28E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>3-61</b>		

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT <b>Post ID-3 3-22-91 chy ajf</b>		

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.)	
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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Rebecca Olson  
 Signature  
**Rebecca Olson Production Analyst**  
 Printed Name Title  
March 11, 1991 (505) 746-6520  
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 18 1991**

By ORIGINAL SIGNED BY  
**MIRE WILLIAMS**  
 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.