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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

RECEIVED

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

MAR 1 4 1991

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE								
, ,						TESIA, OFFIC	<u>;</u> E		
TO TRANSPORT OIL AND NATUR					AL GAS Well API No.				
Morexco, Inc.									
Address	407 7 4		•						
Post Office Box Reason(s) for Filing (Check proper box)	481, Arte	esia, New M							
New Well	Change	in Transporter of:	_	r (Please explai	•	DEE		, ,,	
Recompletion	Change of Operator Effective 1-1-91 Lease Operations Taken Over 2-16-91								
Change in Operator	Oil Casinghead Gas [	Dry Gas Condensate	Leas	se Opera	tions	Taken O	ver 2-	16-91	
		Company,	800 Cer	itral, O	dessa,	Texas	79761		
IL DESCRIPTION OF WELL A	AND LEASE								
Lease Name	ease Name Well No. Pool Name, Includir			ng Formation Kind of			Lear	se Na.	
Artesia Unit	11	Artesia	-Q-GR-S	SA	State, F	ederal or Fee	State	647	
Location	2.5								
Unit Letter D	: 360	Feet From The	W Lips	and3	<u>60</u> F∞	t From The	N	Line	
Section 35 Township	17s	Range 2	8E , N	ирм,		Ed	dy	County	
III. DESIGNATION OF TRANS	SPORTER OF	OIL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Navajo Refining	P. O. Box 175, Artesia, NM 88211-0175								
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)					1)			
Phillips Petrole				Penbroo	k, Ode	ssa, Te	<u>xas 79</u>	760	
If well produces oil or liquids, give location of tanks.	Unit   Sec.		is gas actuali	y connected?	When	7			
N 1 20 1 1/S1 28			Yes			3-61			
If this production is commingled with that f  IV. COMPLETION DATA	rom any other lease	or pool, give commingl	ing order num	ber:					
	Oil W	/ell Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i				1/09 Y	Pili Ves A	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	·	JJ	P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations									
						Depth Casing	Shoe		
	TUBIN	G, CASING AND	CEMENT	NG RECOR	<u> </u>	1			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
				DEI III DEI		Past ID-3			
	***************************************								
	·	<del></del>	<del>                                     </del>				40-1	<del>/</del>	
	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>			in	9-72		
V. TEST DATA AND REQUES	T FOR ALLO	WABLE	J			<u> </u>			
<del>-</del>		me of load oil and mus	s be equal so o	r exceed top allo	wable for thi	depth or be for	full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test			lethod (Flow, pu			<del>,</del>		
Length of Test	Tubica December		Casina	*1.ma	<del></del>	Choka Ci			
Deligit of Iva	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL						1		<del></del>	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Conde	Bbls. Condensate/MMCF		Gravity of Condensate			
Tarting Mathew Matter Santing S	Tuhing Descript (Charter)				<del></del>				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF CO	MPLIANCE	7						
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above				Data Approved MAR 1 8 1991					
is true and complete to the best of my	knowledge and beli	eľ.	Dat	e Approve	d	MAK 1 8	1901		
Revera Ols	<b>e</b> m			• • • • •		<del></del>			
Signature				By ORIGINAL SIGNED BY					
Rebecca Olson Production Analyst Printed Name Title				MIKE WILLIAMS					
March 11, 1991 (505) 746-6520 Date Telephone No.				9	SUPERVI	ourt, WISTE	uul II		
Date		Telebrone 140.	П						

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.