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

DISTRICT II	OIL C	ATION DIVISION			at Bottom of Page				
P.O. Drawer DD, Artesia, NM 88210			ox 2088			G 24'9	an		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		ta Fe, New M					)U		
I.	REQUEST FO	H ALLOWAI	BLE AND	AUTHORI	ZATION	<b>a</b> C. D.			
Operator	AND NATURAL GAS			Sin Office					
Morexco, Inc. V							. • •		
Address	401								
Post Office Box Reason(s) for Filing (Check proper box)	481, Artesi	a, New Me	exico 8	8211-04	81				
New Well	Change in T	ransporter of:	Օտ	er (Please expl	ain) Onorn	+0=			
Recompletion		Dry Gas	Ef.	fective	Opera Angus	LO <u>r</u> + 1. 1:	a a n	1	
Change in Operator	Casinghead Gas [ ]								
If change of operator give name Muri	phy Operatin	g Corpora	ation,	P. O. D	rawer	2648,	Roswell	, NM	
II. DESCRIPTION OF WELL	ANDIFACE					<del></del>			
Lease Name		Pool Name, Includ	ing Formation		. Kind	of Lease	<del></del>		
Kennedy Johnson A 2 GR-Jac						Federal or Frad LC-056302			
Location	1.000								
Unit LetterJ	_:19801	Feet From The	S Lip	e and1	980 Fe	et From The	E	Line	
Section 35 Townshi	ip 16S 1	Range 3	31E , N	мрм,		1	Eddy	County	
III. DESIGNATION OF TRAN	SPORTER OF OH	. AND NATH	RAT. GAS						
Name of Authorized Transporter of Oil	or Condens	4e	Address (Giv	e address to w	hich approved	copy of this f	orm is to be see	·()	
Navajo Refining Company Pipeline Name of Authorized Transporter of Casinghead Gas or Dry Gas			P. O.	Box 15	9, Arte	esia, 1	NM 8821	0	
Transporter of Casin	ghead Gas c	or Dry Gas	Address (Give address to which approved			t copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. 17	wp. Rge.	is gas actuali	v connected?	When				
give location of tanks.	1 F   35	168   31E	No	=	wnen	7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or po	ol, give comming!	ing order numl	ber:					
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to P	Tod.	Total Depth	L	LI	P.B.T.D.	L	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation		Top Oil/Gas Pay						
Perforations					Tubing Depth				
renorations						Depth Casin	g Shoe		
	TIRING C	TA SIMIS AND	CEVENIEN	IC PEOOR		<u> </u>			
HOLE SIZE	CASING & TUB	CEMENTING RECORD DEPTH SET			SASUS OF UTUE				
			DEPTH SET			SACKS CEMENT			
	<del></del>								
V. TEST DATA AND REQUES	T FOR ALLOWAI	BLE	L						
OIL WELL (Test must be after re	ecovery of total volume of	load oil and must	be equal to or	exceed top allo	wable for this	depik or be f	or full 24 hours	• I	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure	Cooler Door				poste	1ID-3		
	Tuoing Flessure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			G25- MCF				
	<u> </u>					9	ha	OP	
GAS WELL							Till S		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)						
	· · · · · · · · · · · · · · · · · · ·	,	Casing Freesu	ire (Shut-ta)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF COMPL	IANCE	lr						
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 is true and complete to the best of my knowledge and belief.									
	noneoge and better.	:	Date	Approve	d\$!	EP 1	1990		
Rebuce Dickson				251					
Signature  Pebecca Dickson Broduction Analysts			By UMIGNAL SIGNED BY						
Rebecca Dickson Production Analyst Printed Name Tide			THE SUPERVIOUS SUST						
August 23, 1990 (505) 746-6520				Title SUPERVISOR, DISTRICT IF					
Park	Teleph	one No.	ll .						

- 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 charges of control in the section of the sec