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OPERATOR	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
MAR 25 1987
O. C. D.
ARTESIA OFFICE

1. Operator Morexco, Inc.	
Address P. O. Box 481, Artesia, NM 88211-0481	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Re-entry!
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comet State	Well No. #1	Pool Name, Including Formation G. Jackson-SR-Q GR-SA	Kind of Lease State, Federal or Fee State	Lease No. V-482
Location Unit Letter I 1980 Feet From The South Line and 660 Feet From The East Line of Section 1 Township 17S Range 28E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum P. O. Box 791, Midland, Texas 79702					
Name 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) Conoco, Inc. P. O. Box 1959, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 1	Twp. 17S	Rge. 28E	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-29-87	Date Compl. Ready to Prod. 3-13-87		Total Depth 2476'		P.B.T.D. 2476'			
Elevations (DF, RKB, RT, GR, etc.) 3683.2 GRD	Name of Producing Formation Premier, Penrose		Top Oil/Gas Pay Premier 1818		Tubing Depth 2386'			
Perforations 2360-79' w/11 1818-32' w/12					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		410'		435 to surface			
12 1/4"	8 5/8"		2659'		1550 to surface			
	2 7/8"		2386'					

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 Tanks 3-15-87	Date of Test 3-18-87	Producing Method (Flow, pump, gas lift, etc.) Pumping		Post ID-2 4-3-87 comp
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size N/A	
Actual Prod. During Test 20 bbls.	Oil-Bbls. 15	Water-Bbls. 5	Gas-MCF TSTM	

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. 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.

Engineer
March 23, 1987

OIL CONSERVATION COMMISSION

APPROVED MAR 31 1987
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 multiple.