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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

RECEIVED

SEP 24 11 54 AM '93

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company	Well API No. 30-015-27224
Address P.O. Box 5270 Hobbs, New Mexico 88241	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: 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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chalk Bluff "35" Federal	Well No. 1	Pool Name, including Formation Logan Draw Wolfcamp	Kind of Lease Federal or Lease	Lease No. LC-057798
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline ICT	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave. Levelland, Tx. 79336-3914
Name of Authorized Transporter of Casinghead Gas BPN	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.	Is gas actually connected? When? 10-8-93

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
		X	X					
Date Spudded 07/08/93	Date Compl. Ready to Prod. 09/11/93	Total Depth 9963'	P.B.T.D. 9920'					
Elevations (DF, RKB, RT, GR, etc.) 3639'	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 6714'	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	385'	600 sx. Part ID-2					
12-1/4"	9-5/8"	2600'	1100 sx. 12-3-93					
8-3/4"	5-1/2"	9963'	2300 sx. camp 4 BPN					

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 350	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 71	Gravity of Condensate 42°
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 400#	Casing Pressure (Shut-in) 250#	Choke Size Pumping

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.

Signature  
Kelly Ryan  
Printed Name  
September 20, 1993  
Date  
Dist. Subt.  
(505) 393-5905  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 20 1993

By ORIGINAL SIGNED BY  
MIKE 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.