

Submit 5 Copies  
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**  
**MAR 14 1991**  
O. C. D.  
ARTESIA OFFICE

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

|   |   |                                     |
|---|---|-------------------------------------|
| Operator<br><b>Morexco, Inc.</b>  |   | Well API No.                        |
| Address<br><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:   | Change of Operator Effective 1-1-91 |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               | Lease Operations Taken Over 2-16-91 |
| Change in Operator <input checked="" 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<br><b>Artesia Unit</b>   | Well No.<br><b>19</b> | Pool Name, Including Formation<br><b>Artesia-Q-GR-SA</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>State 647</b> |
| Location<br>Unit Letter <b>L</b> : <b>1980</b> Feet From The <b>S</b> Line and <b>660</b> Feet From The <b>W</b> Line<br>Section <b>36</b> Township <b>17S</b> Range <b>28 E</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"/><br><b>Navajo Refining Company</b>            | Address (Give address to which approved copy of this form is to be sent)<br><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"/><br><b>Phillips Petroleum Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>4001 Penbrook, Odessa, Texas 79760</b>    |                      |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>M</b>   | Sec.<br><b>36</b>    |
|   | Twp.<br><b>17S</b>   | Rge.<br><b>28E</b>   |
|   | Is gas actually connected?<br><b>Yes</b>   | When?<br><b>2-60</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>Part ID-3</b>  |           |            |            |
|  |                             |          |                 |          | <b>3-22-91</b>    |           |            |            |
|  |                             |          |                 |          | <b>chy op</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  
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.