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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

MAR - 1 1991 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALL OWARLE AND ALTHO

I.		TO TRA	ANS	PORT O	I AND M	AUTHOR ATURAL G	IZATION	ARTESIA.				
Operator					EARD N	TIONALG		API No.		·		
Morexco, Inc.								3001503	217005	31		
Post Office Box	481, A	rtes.	ia.	New M	exico 8	8211-04	Q 1					
Reason(s) for Filing (Check proper box) New Well						her (Please exp						
Recompletion	Change of Operator											
Change in Operator	fective	March	1, 199	1								
If change of operator give name cent and address of previous operator	ral Re	sour	ces	iensate [. 1776	Lincoln	#1010	- Donas	 			
II DESCRIPTION OPERATOR						DINCOIN	#1010	, benve	r co s	0202		
II. DESCRIPTION OF WELL Lease Name			T= -									
Leonard Federal	Well No. Pool Name, Include							of Lease Fed Lease No.				
Location			ــــــــــــــــــــــــــــــــــــــ	GK-Ja	ckson-C	-GR-SA	State,	Federal or Fee	LC-0	62407		
Unit Letter F	_ : <u>1</u>	980	_ Fect	From The _	N ,	1	980		R⁄	111		
Section 33 Township 175 p. 20 p.												
Journal 1			Rang			ІМРМ,			Eddy	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
N Or Condensate						Address (Give address to which approved copy of this form is to be sent						
Texas New Mexico Pipeline Name of Authorized Transporter of Casinghead Gas X or Dry Gas						1 F 0 0 0 0 0 0 0 0 0 0						
Phillips 66 Natural Cas Company					Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004						_	
If well produces oil or liquids, give location of tanks.					is gas actual	by connected?	When					
	<u> F </u>	33_	1175	ם ממוי	37		•	12-66				
If this production is commingled with that IV. COMPLETION DATA	nom any othe	r lease or	pool, g	ive comming	ling order nun	iber:						
Designate Transfer		Oil Well		Gas Well	New Wett	Workover		·				
Designate Type of Completion Date Spudded		İ			1	Workover	Deepen	Plug Back	ame Res v	Diff Res v		
- Spanie	Date Compl. Ready to Prod.			Total Depth		<u> </u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pau							
Perforations					100000	,		Tubing Depth				
- VI I M PAUVE								Depth Casing Shoe				
TIRING CASING AND												
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE											
				DEPTH SET			SACKS CEMENT					
								7-721				
								4				
V. TEST DATA AND REQUES	L		1/20	100 10 1								
JIL WELL (Test must be after recovery of total volume of load oil and must						t be equal to or exceed top allowable for this depth or be for full 24 hours.)						
Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Press	Rure			Casing Press			T a : : :				
Actual Dayl Dayler T						510		Choke Size				
ctual Prod. During Test Oil - Bbls.				Water - Bbis			Gas- MCF					
GAS WELL					l							
Actual Prod. Test - MCF/D	Length of Te				TE							
	Length of Test				Bbls. Conder	sate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
W ODER A TOP CO-								Cloke Size				
VI. OPERATOR CERTIFICA	ATE OF (COMP	LIA	NCE		211 000		1				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					MAR 8 1941							
7) 10					Date	Approve	<u> </u>					
Signature					By ORIGINAL SIGNED BY							
Rebecca Olson Production Analyst					By MIKE WILLIAMS							
March 1, 1991 (505) 746-6520 Date Telephone No.					Title SUPERVISOR, DISTRICT II							
					USTRICT I							
					11							

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
- 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.