Submit 5 Copies Appropriate District Office	State of N	lew Mexico	
DISTRICT	Energy, Minerals and Na	tural Resources Department	RECEIVED ised 1-1-89
P.O. Box 1980, Hobbs, NM 88240	OIL CONCEDU		See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. B	ATION DIVISION	MAR - 1 1991
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		lexico 87504-2088	
	REQUEST FOR ALLOWA		O. C. D.
I.	TO TRANSPORT OF	LAND NATURAL GAS	ARTESIA, OFFICE
Operator Morearen Tree			API No.
Morexco, Inc. V			30015037560081
Reason(s) for Filing (Check proper box)	481, Artesia, New Me		
Recompletion	Change in Transporter of: Oil Dry Gas	Change of Opera	ator
Change in Operator K	Casinghead Gas Condensate	Effective March	1 1, 1991
if change of operator give name Cent and address of previous operator	ral Resources, Inc.	, 1776 Lincoln #1010	
II. DESCRIPTION OF WELL Lease Name			
Leonard B Federa	al 2 Q-GR-		of Lease Fed Lease No. Federal or Fee LC-07459
Unit LetterH	:	N Lipe and 330	E
Service 22			feet From TheLine
Section 33 Townshi	p17S_Range	29E , NMPM,	Eddy
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	T Or Condensate	RAL GAS	· · · · · · · · · · · · · · · · · · ·
Texas New Mexico	Pipeline	Address (Give address to which approve P. O. Box 42130	d copy of this form is to be sens)
Name of Authorized Transporter of Casing	Texas New Mexico Pipeline       P. O. Box 42130, Houston, TX 77242         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         Address (Give address to which approved copy of this form is to be sent)		
16 11	· · · · · · · · · · · · · · · · ·	to which approve	d copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Whe	n ?
	<u>H 33 175 29E</u>	I NO	
If this production is commingled with that from any other lease or pool, give commingling order number:			
	Oil Well Gas Well		
Designate Type of Completion	- (X)   Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
		F	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Libring Deput
			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		
	CHEINIG TODING SIZE	DEPTH SET	SACKS CEMENT
			KSt I.D.
			+ 315-91
V TEST DATA AND DOOLOG			- cas cp
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Test must be after second of test where a first in the second seco			
Data First New Oil Bus To Take of the recovery of total volume of total oil and must be equal to or exceed top allowable for this depth or be for full 24 hours )			
		Producing Method (Flow, pump, gas lift,	elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
L	<u>1</u>	]	
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Trading Mark Market			charly of contentine
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE 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.		OIL CONSERVATION DIVISION	
		MAR 8 1991	
		Date Approved	
<u>Pibicca Chom</u>		11	
Signature Rebecca Olson Production Analyst		By ORIGINAL SIGNED BY	
Rebecca Olson Production Analyst Printed Name Tible		MIKE WITLIAMS	
- March 1, 1991 (505) 746-6520			
Date Telephone No.			
		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

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.