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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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

MC 24'90

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Ja.	ita i c, .	INCW IVIC	MW (	31304-20	500	P	106 ZT	50		
1000 Rio Biazza Rut, Azzec, NWI 87410	REQU	JEST FO	OR ALL	OWAE	BLE AN	TUA DI	HORIZA	NOITA				
I.		TO TRA	NSPO	RT OIL	AND	NATUF	RAL GAS	3	C	D.		
Operator	/							Well A	UPINO. C. D. ARTESIA. OFFICE			
Morexco, Inc. V		<del></del>					<del></del>		AKICO			
Post Office Box	481,	Artesi	a, N	ew Me	xico							
Reason(s) for Filing (Check proper box)							ease explain)					
New Well		Change in	-				e of C			0.0		
Recompletion	Oil	📙	Dry Gas			Errec	tive F	Augus	t 1, 19	90		
If change of operator give name Murp		d Gas			tion	D	O Dra	wor	26/18 D	ocuall.	NM	
and address of previous operator	·		g co	Ipora	CIOII	, .	O. DIC					
IL DESCRIPTION OF WELL A	Well No.   Pool Name, Including				ng Form	ng Formation Kind o					ase No.	
State A		1 1							State, Federal or Festate B-64749			
Location		•	•									
Unit LetterD	. :!	990	Feet Fro	m The	N	_ Line and	990	) Fe	et From The	W	Line	
Section 14 Township	, :	18 S	Range	2	8 E	, NMPM	<b>ـ</b>		E	ddy	County	
III. DESIGNATION OF TRANS	SPORTE	ER OF O	IL AND	NATU	RAL G	AS						
						Address (Give address to which approved copy of this form is to be sent)						
Water Injection Well												
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										n)		
If well produces oil or liquids, give location of tanks.				Is gas actually connected? Who			When	n ?				
If this production is commingled with that f	rom any ou	her lease or	pool, give	comming	ing order	number:		<u> </u>	<del></del>	*		
IV. COMPLETION DATA												
Designate Type of Completion	· (X)	Oil Well	G	as Well	New	Well   Wo	orkaver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total D	l Jenih			DDTD	L	1	
Dati Space	Date Con	ipi. Roday ii	71104			John Dopas			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oi	Top Oil/Gas Pay				Tubing Depth		
Perforations										Depth Casing Shoe		
		TIDNG	CASIN	IC AND	CEME	NITING	PECOPD		.1			
HOLE SIZE	TUBING, CASING AND C					DEPTH SET				SACKS CEMENT		
11022 0.22	CASING & TOBING SIZE				DEFIN SET				SACKS CEMENT			
V TERMEDIATE AND RECIPE	T FOR	TIT OW	intr		<u> </u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after re				il and much	l ha aawa	l to or exce	ad ton allow	abla Careb	is death as he	Con full 24 hour	1	
						Producing Mathed (Flow name age life ata)						
Length of Tot						Pressure			Choke Size	posse	ed ID-3	
Lengul of Yes	Length of Test Tubing Pressure				Casing	ricoscic			C.IIORS CILES	9-	14-00	
Actual Prod. During Test	Oil - Bbls	<u>.</u>			Water -	- Bbls.			Gas- MCF			
	<u> </u>				<u></u>					Cha	07	
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. C	Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI OPERATOR CERTIFIC	ATEO	E COM	PIIAN	CF	1							
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Date ApprovedS				EP 1 4 1990		
Dibino Dickers						Salo rippiotod						
Ribicca Dickson						Βγ	No. of	No l	Chaire	a grow	-2	
Signature Rebecca Dickson Production Analyst						THE THEORY OF THE TRICT II						
Printed Name Title						TitleSUPERVISOR, DISTRICT II						
August 23, 1990	(505		-6520 ephone N									

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.