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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 RECEIVED

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 24 '90

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			nta re, New Mi							
I.			OR ALLOWAE							
Operator		TO THA	NSPORT OIL	AND NA	I UHAL GA		API No.	ICE		
Morexco, Inc.				<del></del> ,				· .		
Post Office Box Reason(s) for Filing (Check proper box)	<u>481, 1</u>	Artesi	la, New Me				~			
New Well		Change in	Transporter of:		er (Please expli ange of		tor			
Recompletion	Oil		Dry Gas				t 1, 19	9.0		
Change in Operator	Casinghea		Condensate [				, -,	, ,		
If change of operator give name Murp and address of previous operator	hy Ope	eratir	ng Corpora	tion, I	P. O. D	rawer	2648, R	oswell,	NM	
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name	Well No.   Pool Name, Includi			ng Formation Kin			nd of Lease No.			
State C		8 Artes		ia-Q-GR-SA			State, Federal or Seate E-12873			
Location Unit Letter H	. ::	1650	Feet From The	N Lips	and9	90	eet From The	Е	Line	
Section 14 Townshi	, ]	185	Range 2	8E ,N	<b>ИРМ</b> ,		Е	ddy	County	
III. DESIGNATION OF TRAN	SPORTE	ROFO	II. AND NATII	RAL CAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Navajo Refining	P. O. Drawer 175, Artesia, NM 88210									
Name of Authorized Transporter of Casing		<del>"</del>	or Dry Gas				d copy of this fo			
				, ,					"	
If well produces oil or liquids,	Unit	Sec.	Twp. Rgc.	Is gas actually connected?			When ?			
give location of tanks.	A   14   185   28E			No						
If this production is commingled with that it.  IV. COMPLETION DATA	from any oth	ner lease or	pool, give comming!	ing order num	per:		CTB 89			
Designate Time of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ــــــــــــــــــــــــــــــــــــــ			<u> </u>	1	1		<u> </u>	
Date Spudded	Date Com	pl. Ready to	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations	<u> </u>			Depth Casin	Depth Casing Shoe					
		TIRING	CASING AND	CEMENITI	VC : DECOR	<u> </u>				
HOLE SIZE	CASING AND	CEMENTI			1	SACKE CENTENT				
THOSE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							<del>                                     </del>			
V. TEST DATA AND REQUES	TEOP	TIAW	ARIE	L						
~				ha aanstas			ota akulan ini s		•	
OIL WELL (Test must be after r.  Date First New Oil Run To Tank	Date of Te		oj toda od ana musi		exceed top allow, pr					
	Date of Te	· SA.		r rocutting twi	emod (Frow, pr	ատգ, ջու ւկ։	eic.)	200	KN TD-3	
Length of Test	Tubing Pre	essure	-	Casing Pressure			Choke Size	Choke Size posted ID-		
							9-14-9n			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL	<u></u>			<u> </u>				todag	0/	
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conden	sate/MMCF		Gravity of C	ondensate	<del></del>	
				parti congenue material.			1.2.1.5 01 0			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIANCE	][						
I 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.					erp 1 4 1990					
is true and complete to the best of my l	mowkedge a	nd belief.		Date	Approve	ed	SED I	<u> </u>		
Rebuce a Duckson					COLONAL SIGNED BY					
Signature Rebecca Dickson Production Analyst					EVIKE ANTONYO					
Printed Name			Title	Title	<u>SUP</u>	ERVIS	OR, DIST	RICT II		
August 23, 1990 Dale	(505)		-6520 ephone No.							

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.