Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

AUG 24 '90

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

I.					AUTHORIZ		O. C	D.		
Operator	· · · · · · · · · · · · · · · · · · ·					Well A	ARCCON,	GATICE		
Morexco, Inc.								· · · · · · · · · · · · · · · · · · ·		
Post Office Box 4	81. A	rtesia,	New Mex	xico 88	211-048	1				
Reason(s) for Filing (Check proper box)					t (Please explai					
New Well		Change in Trai		Cha	nge of (Operat	or			
Recompletion	Oil Carinohead	L Dry 1 G24 ☐ Con	Gas L	Eff	ective A	August	1, 19	90		
If change of operator give name Murph and address of previous operator				tion, P	. O. Dr	awer 2	648, R	oswell,	NM	
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Well No. Pool Name, Includin					ng Formation Kind o			f Lease No. Federal office te 647		
<u>Western Yates Sta</u> Location	te	1	Artes:	ia-Q-GR	-SA	Suite,	receisi ogge	atle 647		
Unit Letter F	:165	50 Fee	t From The	N Lips	23:	10 Fe	et From The	ZU	Line	
Section 20 Township	18	BS Rai	nge 28	BE, N	мрм,		E	ddy	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company Pipeline Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
Name of Ambutton Transporter of Casting	read Cas		Dry Gas	Address (GIV	e address to whi	ch approved	copy of this fo	orm is to be ser	u)	
If well produces oil or liquids, give location of tanks.	Unit	S∞. Tw		Is gas actually	y connected?	When	7			
If this production is commingled with that f	rom any other				ber:	· · · · · · · · · · · · · · · · · · ·				
IV. COMPLETION DATA		loa w.a	. C 11-0	1	1			12 2 .		
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to Pro	d.	Total Depth	<u> </u>		P.B.T.D.	·	-1	
Elevations (DF, EKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay Tubing Dep			ւի		
Perforations							Depth Casing Shoe			
· · · · · · · · · · · · · · · · · · ·	<u> </u>						<u> </u>			
	TUBING, CASING AND									
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	ļ									
								•		
V. TEST DATA AND REQUES	T FOD Å	HOWARI	r C	<u>L</u>			<u> </u>			
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hour	x.)	
Date First New Cil Run To Tank	Producing Method (Flow nump age life etc.)									
Length of Test	Tubing Day			Carina Presa			Choke Size		ed ID-	
Cargai or rea	Tubing Pres	PRIIC		Casing Pressure			CHOKE SIZE	9-	14-9n	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	01	14-90 0P	
CACTUELL	<u> </u>			<u> </u>				-Cedseg	07	
GAS WELL Actual Prod. Test MCF/D	Length of 1	Test		Bbls. Conder	IEEE/MMCF		Gravity of C	Condensate		
							'			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shui-in)		Choke Size				
VL OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE		NI 00:	0551	ATION	DN (1010		
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.				D-1-	Date Approved SEP 1 4 1990					
				Date	Approved	- 	CT 1	- 1000		
Ribilea Dickson				By_	By ORIGINAL SIGNED BY					
Signature Rebecca Dickson Production Analyst Printed Name Title				MINE WILLIAMS					<u></u>	
Printed Name August 23, 1990	(505)	746-65		Title	- કઇેસ	ERVISC	R, DIST	RICT.I	 	
Date		Telepho		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.

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