Submit 5 Copies Appropriate District Office 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 RECEIVED at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 1 4 1991

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

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTES A OFFICE TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Morexco, Inc. Address Post Office Box 481, Artesia, New Mexico 88211-0481 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change of Operator Effective 1-1-91 Change in Transporter of: Dry Gas Lease Operations Taken Over 2-16-91 Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name DeKalb Energy Company, 800 Central, Odessa, Texas 79761 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease Na State, Federal or Fee State 1288 State E-1288 81 Artesia-Q-GR-SA Location 2310 Feet From The \_\_\_ . 1650 Unit Letter \_\_\_ G \_ Feet From The \_\_\_N \_\_ Line and \_\_\_ Section 27 18S 28 E , NMPM, Eddy Range Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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 P. O. Box 175, Artesia, NM 88211-0175 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Penbrook, Odessa, Texas 79760 Twp. Rge. Is gas actually connected? When? If well produces oil or liquids, Unit Sec. give location of tanks. ŢΕ | 27 | 18S | 28E Yes 9-60 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT est ID-91 22cha V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure Gas- MCF Actual Prod. During Test Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION

## Signature Rebecca Olson

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is true and complete to the best of my knowledge and belief.

Production Analyst Printed Name

1991 (505) 746-6520Telephone No.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

## MAR 1 8 1991 Date Approved . By\_ ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT I

MIKE WILLIAMS

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. H. III. and VI for changes of operator, well name or number, transporter, or other such changes.