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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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

MAR 14 1991

O. C. D.
ARTESIA, OFFICE

dsf
op

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Morexco, Inc. ✓		Well API No.
Address Post Office Box 481, Artesia, New Mexico 88211-0481		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Change of Operator Effective 1-1-91
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Lease Operations Taken Over 2-16-91
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator DeKalb Energy Company, 800 Central, Odessa, Texas 79761		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 647 AC 711	Well No. 80	Pool Name, Including Formation Artesia-Q-GR-SA	Kind of Lease State, Federal or Fee	Lease No. State 647
Location Unit Letter K : 2310 Feet From The S Line and 1650 Feet From The W Line Section 27 Township 18 S Range 28 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Casinghead Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit WIW	Sec. WIW
	Twp. WIW	Rge. WIW
Is gas actually connected?		When ?

If this production is commingled with that from any other lease in pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Completed	Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Production Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe				
CASING AND CEMENTING RECORD								
HOLE SIZE	CASING SIZE	CEMENTING SIZE	DEPTH SET	SACKS CEMENT				
				Post ID-3				
				3-22-91				
				chg up				

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total gas 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure (in)	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information is true and complete to the best of my knowledge and

Rebecca Olson
Signature
Rebecca Olson Production Analyst
Printed Name
March 12, 1991 (505) 7520
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 18 1991**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filled out by the operator.

1) Request for allowable for newly drilled well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104

compliance with Rule 1104

opened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104