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

State of New Mexico .gy, Minerals and Natural Reso

ources	Departn:	

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

	OIL CONSERVA	TION DIVISION	112 321 140	
OISTRICT II O. Drawer DD, Artesia, NM 88210	P.O. Bo	x 2088	MAR 1 4 1991	dsF
DISTRICT III	Santa Fe, New Me	exico 87504-2088		D !_
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB	N F AND ALITHORIZAT	O. C. D.	61
•	TO TRANSPORT OIL		IOIARTESIA, OFFICE	V O
Operator	/		Well API No.	
Morexco, Inc. 🗸				
Address				
	481, Artesia, New M			
Reason(s) for Filing (Check proper box) New Well	Constitution of	Other (Please explain)	makan Meean	
Recompletion	Change in Transporter of: Oil Dry Gas	Change of Ope Lease Operati		
Change in Operator	Casinghead Gas Condensate	nease Operaci	ons taken ov	VEL Z-10-91
change of operator give name DeKa	alb Energy Company, 8	800 Central, Ode	ssa, Texas 7	9761
ad address of previous operator			·	
L. DESCRIPTION OF WELL			T	
Lease Name	Well No. Pool Name, Includi	<u>-</u>	Kind of Lease State, Federal or Fee	Lease No.
State 647 AC 711	l 86 Arte	sia-Q-GR-SA		State 647
M.	: 990 Feet From The	S line and 330	F 4F T	W line
Unit Letter	_ : Feat From The	S Line and 330	Feet From The	Line
Section 27 Township	p 18S Range 28	8 E , NMPM,	Edd	ly County
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which a	annual composition	is to be sent)
· · · · · · · · · · · · · · · · · · ·			• • • • • •	
Navajo Refining Name of Authorized Transporter of Casin		P. O. Box 175, Address (Give address to which a		
Phillips Petrole		4001 Penbrook,		
If well produces oil or liquids,		Is gas actually connected?	When ?	
give location of tanks.	i F 27 18 S 28 E	Yes	7-66	
	from any other lease or pool, give comming	ling order number:		
IV. COMPLETION DATA	(0) 10 11 11 11 11 11 11 11 11 11 11 11 11	New Well Workover I	Number 10	nutu bimnutu
Designate Type of Completion	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Sa	me Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			D 4 C-1	
Perforations			Depth Casing	Snoe
	TURNIC CASING AND	CEMENTING RECORD		
UOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT
HOLE SIZE	CASING & TOBING SIZE	DEF THOSE	Per	F IN-3
		-	3-	-12-91
			· · · · · ·	ha on
				~/
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		•	
	recovery of total volume of load oil and mus	st be equal to or exceed top allowa	ble for this depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	, gas iyi, eic.j	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Trugui or 100	100116 1100010			
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 Co	ndensate
	"			

VL OPERATOR CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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

Reviera Des	£00
Signature Rebecca Olson	Production Analyst
Printed Name	Tide
March 12. 1991	(505) 746-6520
Date	Telephone No.

OIL CONSERVATION DIVISION

MAR 1 3 1991 Date Approved .

ORIGINAL B A 2 May 3 3 3 3 4 5 6 SHIMMIND DISTRICT IN

Title.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Casing Pressure (Shut-in)

- 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.