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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PERCATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 05 '88

O. C. D.
ARTESIA. OFFICE

I. Operator
Morexco, Inc.

Address
Post Office Box 481, Artesia, New Mexico 88211-0481

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of Operator
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Injection Well
		Dry Gas	<input type="checkbox"/>	2-11-1987
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner Sammy Williams, P.O. Box 3831, Midland, Ok 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Twin Lakes	Well No. 13	Pool Name, including Formation Artesia, Q, GR, SA	Kind of Lease State, Federal or Fee State	Lease No. B647
Location				
Unit Letter K	1330	Feet From The S	Line and 2310	Feet From The W
Line of Section 28	Township 18S	Range 28E	, NMEN, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <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 Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or 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 Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Post ID-3			
					1-8-88			
					chg. op.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	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 (piros, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Chuck Mead
(Signature)
Agent

1-11-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 5 1988, 19
BY Chad Williams
TITLE Asst. Inspector

This form is to be filed in compliance with RULE 1124.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.