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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions AUG 24 'GO at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		ATION DIVISION Box 2088	AUG 24 '90 at Bottom of Page
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		Mexico 87504-2088	C . c. 5.
I.	REQUEST FOR ALLOWATO TRANSPORT C	ABLE AND AUTHORIZATION OIL AND NATURAL GAS	NRTESIA, OFFICE
Operator			II API No.
Morexco, Inc. /			
Post Office Box Reason(s) for Filing (Check proper box)	481, Artesia, New M		
New Well	Change in Transporter of:	Other (Please explain) Change of Oper	ator
Recompletion	Oil Dry Gas	Effective Augu	
Change in Operator	Caninghead Gas Condennate		
If change of operator give name Murp and address of previous operator		ation, P. O. Drawer	2648, Roswell, NM
II. DESCRIPTION OF WELL . Lease Name			
Rotary State	Well No. Pool Name, Inch		nd of Lease Lease No. Lease No. Lease No. Lease No. Lease No.
Location Unit Letter B	: 330 Feet From The		F
Section 29 Township		28 E , NMPM,	naa
			Eddy County
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Navaio Refining	Navajo Refining Company Pipeline P. O. Box 159. Artesia. NM 88210		
Name of Authorized Transporter of Casing	thead Gas or Dry Gas	Address (Give address to which appro	
If well produces oil or liquids,	lus la la		
give location of tanks.	Unit Sec. Twp. Rg		nen ?
If this production is commingled with that I IV. COMPLETION DATA	rom any other lease or pool, give commit	ngling order number:	
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compi. 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
Perforations			Depth Casing Shoe
	TUBING, CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re			
Date First New Oil Run To Tank	Date of Test	usi be equal to or exceed top allowable for Producing Method (Flow, pump, gas li	
		Trouble Medica (1104, party, gas 19	
Leagth of Test	Tubing Pressure	Casing Pressure	Choke Size Posled ID - 3 Gas-MCF Glag OP
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			ang of
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Ciavily of Codecastic
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VL OPERATOR CERTIFIC.	ATE OF COMPLIANCE	011 0011	
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.		Date Approved SEP 1 4 1990	
Rebucca Dickson			
Signature Rebecca Dickson Production Analyst Printed Name		By HAGINA SIGNOD BY	
August 23, 1990	Tiue (505) 746-6520 Telephone No.	Title <u>borgary(soft, DISTRIOT !</u>	

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, wall name or number annumber and the section of the