Submit 5 Copies
Appropriate District Office
DISTRICT I 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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	balla 10, 110W Mic	XXX 07504-2008	Assault of the state of the sta
1000 KIO BI2206 Kd., AZIEC, IAM 8/4/10	REQUEST FOR ALLOWAB	LE AND AUTHORIZATION	at the second section of the second section of the second section of the second section sectio
I.	TO TRANSPORT OIL		/
Operator	/		API No.
Morexco, Inc.			·
Address			
Post Office Box	481, Artesia, New Me	exico 88211-0481	
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	Change of Operat	or Effective 1-1-91
Recompletion	Oil Dry G25	Lease Operations	Taken Over 2-16-91
Change in Operator	Casinghead Gas Condensate	Tough operations	raken over z-10-91
If change of operator give name and address of previous operator De Ka	lb Energy Company, 8	300 Central, Odessa	, Texas 79761
II. DESCRIPTION OF WELL A			
Lease Name	Well No. Pool Name, Including	og Formation Vi-4	
State 647 AC 711			of Lease No. Federal or Fee
Location	200 Artes	sia-Q-GR-SA State	State 647
Unit Letter M	: 660 Feet From The	S Lipe and 330 F	eet From TheWLine
Section 23 Township	18S Range 28	BE, NMPM,	Eddy County
III DESIGNATION OF TRANS			
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil			
1		Address (Give address to which approve	-
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Address (Give address to which appropried come of this form is to be apply			
Address (Give address to which approved copy of this form is to be sent)			
Phillips Petrole If well produces oil or liquids,		4001 Penbrook, Od	essa, Texas 79760
give location of tanks.		Is gas actually connected? Whe	n ?
If this production is commincted with these 6	A 28 188128E	Yes	9-66
If this production is commingled with that f. IV. COMPLETION DATA	rom any other lease or pool, give commingl	ing order number:	
THE COMMENSATION BATA	Oil Well G2s Well	<u> </u>	
Designate Type of Completion -	(X) Gat 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, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Table D. d
			Tubing Depth
Perforations			Depth Casing Shoe
			John Casing Silve
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			CHOICO CEMENT
			2.1
V. TEST DATA AND REQUES			
OIL WELL (Test must be after re	covery of total volume of load oil and must	be equal to or exceed top allowable for t	his depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
			i
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Park Davis - The			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
		1	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

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

Rebicca

Signature Rebecca <u>Olson</u> Printed Name Title

746-6520 Telephone No. 1991 (505)

OIL CONSERVATION DIVISION MAR 1 8 1991

Date Approved

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT Title.

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
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.