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

Form C-104
Supersedes Oil C-104 and C-113
Effective 1-1-65

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JAN 05 88

ARTESIA OFFICE

I. OPERATOR

Operator: Morexco, Inc.

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

Reason(s) for filing (Check proper box):

New Well ☐ Change in Transporter of: ☐ Other (Please explain): Change of Operator

Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 12-17-87

Change in Ownership ☐ Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: Energy Control Co. Inc. 202, Medina, N.J. 19702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Twin Lakes</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Artesia, Q, GR, SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B647</u>
Location				
Unit Letter <u>K</u>	<u>1980</u>	Feet From The <u>S</u>	Line and <u>1980</u>	Feet From The <u>W</u>
Line of Section <u>28</u>	Township <u>18S</u>	Range <u>28E</u>	, NMFM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>N. Freeman, Artesia, NM 88210</u>
Name of Authorized Transporter of 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 <u>L</u>	Sec. <u>28</u>
Twp. <u>18S</u>	Rge. <u>28E</u>
Is gas actually connected? <input type="checkbox"/> 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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RAB, 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				
				<u>Part ID-3</u>				
				<u>1-8-88</u>				
				<u>chg up</u>				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume 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 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 (pilot, 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.

[Signature]
Agent
(Title)
12/11/87
Date

OIL CONSERVATION COMMISSION

APPROVED 12/11/87, 19

BY Mike Williams
Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

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 change of owner, well name or number, or transporter, or other such change of condition.