

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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WT  
GT  
EP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Morexco, Inc.</b>	Well API No.
Address <b>Post Office Box 481, Artesia, New Mexico 88211-0481</b>	
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"/> Dry Gas <input type="checkbox"/> Change of Operator Effective 1-1-91 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Lease Operations Taken Over 2-16-91	
If change of operator give name and address of previous operator <b>DeKalb Energy Company, 800 Central, Odessa, Texas 79761</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Artesia Unit</b>	Well No. <b>40</b>	Pool Name, Including Formation <b>Artesia-O-GR-SA</b>	Kind of Lease State, Federal or Fee	Lease No. State <b>647</b>
Location Unit Letter <b>C</b> : <b>NE/NW</b> Feet From The _____ Line and _____ Feet From The _____ Line Section <b>3</b> Township <b>18S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 175, Artesia, NM 88211-0175</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>2</b>	Twp. <b>18S</b>	Rge. <b>28E</b>
Is gas actually connected?		When?		
<b>Yes</b>		<b>9-60</b>		

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, RKB, 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			
					<b>Post IO-3</b>			
					<b>3-22-91</b>			
					<b>chg up</b>			

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 Tank	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. 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.

Rebecca Olson  
Signature  
Rebecca Olson Production Analyst  
Printed Name Title  
March 11, 1991 (505) 746-6520  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 18 1991**

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR DISTRICT II

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, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Form O-104  
Department of Oil Conservation  
New Mexico  
SANTA FE  
DATE  
COUNTY  
WELL NO. OR POOL NO.  
CITY  
STATE  
ZIP  
FEDERAL OFFICE

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

RECEIVED

ARTESIA, OFFICE

1. COMPANY NAME  
DEECO, Inc.  
Address  
800 Central, Odessa, Texas 79730  
Reasons for filing (check proper box)  
New Well ☐ Change in Transporter oil ☐  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Gasoline Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE  
Lease Name Artesia Unit Well No./Pool Name, including Formation 40 Artesia Queen Grayburg SA Kind of Lease State, Federal or Fee State Lease No. 647  
Location NE/4W  
Unit Letter C Feet From The Line and Feet From The  
Line Section Township Range Twp. NE/4W Eddy County

3. TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil or Condensate Navajo Refining Company, Pipe Line Division Artesia, New Mexico  
Name of Authorized Transporter of Gasoline Gas or Dry Gas Phillips Petroleum Corporation Odessa, Texas  
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. Range 1 2 10 28 Is gas actually connected? Yes When November, 1967

4. COMPLETION OF WELL  
If this production is commingled with that from any other lease or pool, give commingling order number  
Designate Type of Completion - (X)  
On Well Gas Well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (OP, RAB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Testing Depth  
Perforations Depth Casing Shoe  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

5. TEST DATA AND REQUEST FOR ALLOWABLE (Test shall be after recovery of joint volume of test oil and must be equal to or exceed top allow. data for full depth or for full 24 hours)  
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, and lift, etc.)  
Length of Test Testing Pressure Casing Pressure Casing Size  
Actual Prod. During Test Oil-BBLs Water-BBLs Gas-MCF  
GAS MISC Actual Prod. Test MCF/D Length of Test Casing Pressure (Gauge-PSI) Gravity of Condensate  
Testing Method (Flow, back prod) Testing Pressure (Gauge-PSI) Casing Pressure (Gauge-PSI) Casing Size

6. 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.  
Chief Production Clerk  
June 20, 1969  
OIL CONSERVATION COMMISSION  
APPROVED BY  
TITLED  
This form is to be filed in compliance with Rule 104.  
If this is a request for allowance for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with Rule 104.  
All sections of this form must be filled out completely for allow. oil and recompletion 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.  
Separate Forms O-104 must be filed for each pool in multiply completed wells.