State of New Mexico Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
P.O. Box 2088

Energy, Minerals and ...
1961L CONSERVATION DIVISION
PO Rox 2088 Submit 5 Copies Form C-104 See Instructions Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 187416 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. DeKalb Energy Company U Address 800 Central, Odessa, Texas 79761 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Correction - 3-91 Cl04 to Morexco Dry Gas Recompletion Oil should not have been filed. Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State 647 AC 724 Artesia-Q-GR-SA State, Federal or Fee State 647 Location Unit Letter N 1980 Feet From The _ Lipe and _ _ Feet From The Line 31 Township Section 18 S 28 E Range NMPM Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Mavajo Refining Company Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia NM 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Penbrook, Odessa, Texas 79760 If well produces oil or liquids, Unit Twp. Rge. is gas actually connected? When 7 <u>G</u> 33 | 18S|28E Yes 7-64 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Oil Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod 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 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 Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.

Rebecca Olson Agent Printed Name Title May 25

OIL CONSERVATION DIVISION

4 1991 JUN Date Approved

ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT #

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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.