SANTA FE REQUEST FOR ALLOWABLE ---FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER RECEIVED GAS OPERATOR PRORATION OFFICE MAY 6 1977 Operator MEWBOURNE OIL COMPANY Address 0. C. C. 330 Citizens Bank Building, Tyler, TXATES 102 FFICE Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Change in name of Operator only Recompletion from Mark Production Company Dry Gas Change in Ownership effective MAY 1, 1977 Casinghead Gas

Change in operating name only (same ownership).

1980

Is gas actually connected?

, NMPM,

Red Lake Penn

Range 27 E

Feet From The South Line and

or Dry Gas XX

Gas Well

18

If change of ownership give name and address of previous owner ____

Peterson Com

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

Location

Unit Letter

Line of Section

II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation

1980

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Unit

Name of Authorized Transporter of Oil or Condensate
Navajo Crude Oil Purchasing Co.
Amoco Production Co. Trucks
Name of Authorized Transporter of Casinghead Gas or Dry

Gas Company of New Mexico

Designate Type of Completion - (X)

1

Sec.

If this production is commingled with that from any other lease or pool, give commingling order number:

Township 18 S

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Legse No.

County

TX

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75270

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 A	AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be able for this	e after recovery of total volume of load depth or be for full 24 hours)	loil and must be equal to or exceed top all
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	Otl-Bbls.	Water - Bbis.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitos, back pr.)	,		
	DE .	OIL CONSER	RVATION COMMISSION
CERTIFICATE OF COMPLIANC		111	N 1 0 1077
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and recommission have been compiled w	egulations of the Oil Conservation it and that the information give	APPROVED JU	RVATION COMMISSION N.1 3 1977 Jussets
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CERTIFICATE OF COMPLIANCE I hereby certify that the rules and recommission have been complied we above is true and complete to the	egulations of the Oil Conservation it and that the information give	APPROVED JU BY SUPERVISOR, 1 This form is to be filed	IN 1 3 1977, 19 DISTRICT H in compliance with RULE 1104.
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and recommission have been complied we above is true and complete to the	egulations of the Oil Conservation it and that the information give	TITLE SUPERVISOR, I This form is to be filed If this is a request for a well, this form must be acco- tests taken on the well in a	in compliance with RULE 1104. Clowable for a newly drilled or deepen mpanied by a tabulation of the deviation cordance with RULE 111.
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and recommission have been complied we above is true and complete to the Marforie (Signal Production Clerk)	egulations of the Oil Conservation ith and that the information give best of my knowledge and belies	TITLE SUPERVISOR, I This form is to be filed If this is a request for a well, this form must be acco- tests taken on the well in a	in compliance with RULE 1104. Illowable for a newly drilled or deepen mpanied by a tabulation of the deviation cordance with RULE 111. In must be filled out completely for allowable for allowable for allowable for allowable for allowable for allowable filled out completely filled out completely for allowable filled out completely filled
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State, Federal or Fee

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1/5, Artesia, New Mexico
P. O. Box 1183, Houston, Texas 77001

Address (Give address to which approved copy of this form is to be sent)

New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

First International Building, Dallas,

East

Eddy

7/3/74