## SANTA FE / FILE / / U.S.G.S. AND OFFICE TRANSPORTER OIL / GAS / OPERATOR /

## REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  | AND OFFICE   |   |                              |                                 |   |                   |  |          |  |
|--|--|---|------------------------------|---------------------------------|---|-------------------|--|----------|--|
|  | TRANSPORTER OIL /  |   |                              |                                 |   | _                 |  |          |  |
|  | GAS /  | _   |                              | RECE                            | IVE   | ס                 |  |          |  |
|  | OPERATOR /   | PERATOR /   |                              |                                 |   |                   |  |          |  |
| 1.   | PRORATION OFFICE   |   |                              |                                 |   |                   |  |          |  |
|  | Operator   | NOTE OF THE PARTY |                              |                                 |   |                   |  |          |  |
| MEWBOURNE OIL COMPANY  |  |   |                              |                                 |   |                   |  |          |  |
|  | Address C.C.   |   |                              |                                 |   |                   |  |          |  |
|  | 330 Citizens Bank Building, Tyler, Texas 17570201  |   |                              |                                 |   |                   |  |          |  |
|  | Reason(s) for filing (Check proper box)  Other (Please explain)  |   |                              |                                 |   |                   |  |          |  |
|  | New Well   | Change in Transp  | orter of:                    | Change in name of Operator only |   |                   |  |          |  |
|  | Recompletion   | Oil   | from Mark Production Company |                                 |   |                   |  |          |  |
|  | Change in Ownership  | Casinghead Gas  | Conde                        | nsate                           | effective MAY 1, 1977   |                   |  |          |  |
|  | If change of ownership give name   |   |                              |                                 |   |                   |  |          |  |
|  | and address of previous owner Change in operating name only (same ownership).  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
| 11.  | DESCRIPTION OF WELL AND  |   |                              |                                 |   |                   |  |          |  |
|  |  | Well No. Pool N   |                              |                                 |   | Kind of Lease     | Lease M  |          |  |
|  | Federal "B"  | 1   | Atoka F                      | enn                             |   | State, Federal    | or Fee Federal LC-066445                       | <u> </u> |  |
|  | Location   |   |                              |                                 |   |                   |  |          |  |
|  | Unit Letter P; 990 Feet From The South Line and 990  |   |                              |                                 |   | _ Feet From T     | The East                                       |          |  |
|  | Line of Section 1 Tox  | 18 S  |                              | 26 E                            |   | ਲਮਕ               |  |          |  |
|  | Line of Section To   | vr.ship LO S  | Range                        | 20 E                            | , NMPM,   | Edd               | Count  | у        |  |
| ***  | DECICE ATTION OF TRANSPORT   |   | ATTIDAY OF                   | . ~                             |   |                   |  |          |  |
| 111.   | DESIGNATION OF TRANSPOR  |   |                              |                                 | ive address to  | which approx      | ed copy of this form is to be sent)            |          |  |
|  | Navajo Crude Oil Pur   | <del></del>   |                              | 1                               |   |                   | .,   |          |  |
|  | Name of Authorized Transporter of Cas  |   |                              | Address (Gr                     | ive address to  | which approv      | New Mexico ed copy of this form is to be sent) |          |  |
|  | Gas Company of New M   | <del></del>   |                              | i                               |   |                   | Building, Dallas, TX                           |          |  |
|  |  |   | wp. P.ge.                    |                                 | ally connected  |                   |  |          |  |
|  | If well produces oil or liquids, give location of tanks.   | 1 1   | 18 . 26                      |                                 | Yes   | i                 | 6/6/75   |          |  |
|  | If this production is commingled with  | <u> </u>  | <del></del>                  | <del></del>                     |   |                   | ,  |          |  |
| IV.  | COMPLETION DATA  | in that from any other  | rease or poor,               | give commit                     | iginig order  |                   |  | _        |  |
|  |  | Oil Well  | Gas Well                     | New Well                        | Workover  | Deepen            | Plug Back   Same Resty. Diff. Res              | s'v.     |  |
|  | Designate Type of Completic  | n — (A)   | 1                            | !                               | 1   | 1                 |  |          |  |
|  | Date Spudded   | Date Compl. Ready to  | Prod.                        | Total Depth                     | 1   |                   | P.B.T.D.                                       |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Fc  | rmation                      | Top Oil/Ge                      | s Pay   |                   | Tubing Depth                                   |          |  |
|  |  |   |                              | <u> </u>                        |   |                   |  |          |  |
|  | Perforations   |   | Depth Casing Shoe            |                                 |   | Depth Casing Shoe |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  | 1   | , CASING, AND                | CEMENTI                         |   | <del></del>       | · · · · · · · · · · · · · · · · · · ·          |          |  |
|  | HOLE SIZE  | CASING & TUE  | ING SIZE                     | ļ                               | DEPTH SE  | Τ                 | SACKS CEMENT                                   |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   | ļ <del></del>                                  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours) |  |   |                              |                                 |   |                   |  | iow•     |  |
|  | Date First New Oil Run To Tanks  | Date of Test  |                              | ·                               |   | pump, gas lift    | , etc.)  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  | Length of Test   | Tubing Pressure   |                              | Casing Pres                     | ssure   |                   | Choke Size                                     |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  | Actual Prod. During Test   | Oil-Bhis.   |                              | Water - Bbls.                   |   |                   | Gas-MCF  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
| GAS WELL   |  |   |                              |                                 |   |                   | <u> </u>                                       |          |  |
|  | Actual Prod. Test-MCF/D  | Length of Test  |                              | Bbls. Conde                     | nsate/MMCF  |                   | Gravity of Condensate                          | ١        |  |
|  |  |   |                              | <u> </u>                        |   |                   |  |          |  |
|  | Testing Method (pitot, back pr.)   | Tubing Pressure (Shu  | t-in)                        | Casing Pres                     | saure (Shut-  | in)               | Choke Size                                     |          |  |
| Į  |  |   |                              | <u> </u>                        |   |                   | <u> </u>                                       |          |  |
| ٠.   | CERTIFICATE OF COMPLIANCE  |   |                              |                                 |   |                   | TION COMMISSION                                |          |  |
|  | 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. |   |                              |                                 |   | JUN 131           | 19//   |          |  |
|  |  |   |                              | APPROVED                        |   |                   |  |          |  |
|  |  |   |                              | BY W.C. Scressed                |   |                   |  |          |  |
| •  |  |   | _                            | CURRINGOD DISTRICT V            |   |                   |  |          |  |
|  | ,—,  |   |                              | TITLE SUPERVISOF, DISTRICT, H   |   |                   |  |          |  |
|  | Production Clerk  (Title)  April 15, 1977  (Date)  |   |                              |                                 | 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 changes of owner, well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells. |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
| -  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
| •  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  |   |                              |                                 |   |                   |  |          |  |
|  |  | 1 completed wells.  |                              |                                 |   |                   |  |          |  |