NEW MEALLS OIL CONSERVATION **MISSION** Form C-104 SANTA FE Supersedes Old C-104 and C-11 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER V RECEIVED BY GAS OPERATOR MAY 26 1987 PRORATION OFFICE Operator MEWBOURNE OIL COMPANY $O \subset D$ Address ARTESIA, OFFICE P. O. BOX 7698, TYLER, TEXAS 7571 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Oil Recompletion Dry Gos Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE. | Well No. | Fool Name, Including Formation Kind of Lease Federal "B" Atoka Penn State, Federal or Fee Federal I.C-066445 1 Location 990 990 Feet From The South Line and _Feet 7 rom The East Eddy 18S 26E Township Range , NMPM, Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Phillips Petroleum Company 4001 Pembrook, Odessa, Texas 79761 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas XX Sunterra Gas Gathering Company P.O.Box 26400, Albuquerque, N.M. 87125 Is gas actually connected? Unit P.ge. If well produces oil or liquids, give location of tanks. ! 1 18S 26E 6/6/75 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Restv Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 8/30/74 11/22/74 9248' 9233' Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oll/Gas Pay 3290' GR Morrow 90391 8958' Depth Casing Shoe Perforations 9039' - 9078' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SEA SACKS CEMENT 16' 200' 240 20" <u>11''</u> 8-5/84 1,970' 850 5-1/2" 9,248 700 7-7/8" (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for his depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Preducing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test -29-87 5 GT: G-MM .hc Choke Size Tubing Pressur Cosing Pressure Length of Test Water - Bbls. Gas - MCF Oll-Bble Actual Prod. During Test GAS WELL Gravity of Condendate Test MCF/D Length of Test Bbis. Condensate/MMCF Testing Mathod (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE MAY 2 9 1987 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed By Mike Williams Oil & Gas Inspector TITLE _ 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. Engineering Operations Secretary

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.

(Title)

(Date)

May 20, 1987