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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
REGISTRATION OFFICE

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

Form C-104
Supersedes OIL C-101 and C-11
Effective 1-1-65
RECEIVED

JAN 11 1982

O. C. D.

ARTESIA, OFFICE

Mewbourne Oil Company

Address
P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Condensate Gas ☐ Condensate ☐
Other (Please explain)
Change of address since last C-104 was filed 4/15/77

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Spencer Com	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter K : 1980 Feet From The West Line and 1650 Feet From The South Line of Section 1 Township 18S Range 26E, NMPM, Eddy County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Navajo Crude Oil Purchasing Co. Transwestern Pipeline Company* Southern Union Gathering Company**	Name of Authorized Transporter of Gas ☐ or Dry Gas ☒ Southern National Bank Bldg., Houston, TX 77001 **1800 First International Bldg., Dallas, TX 75270	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210	Address (Give address to which approved copy of this form is to be sent) Southern National Bank Bldg., Houston, TX 77001 **1800 First International Bldg., Dallas, TX 75270			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1	Twp. 18	Rge. 26	Is gas actually connected? Yes	When *12/9/76 ** 12/1/81

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Part. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (D.F., R.R.D., R.T., G.R., 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

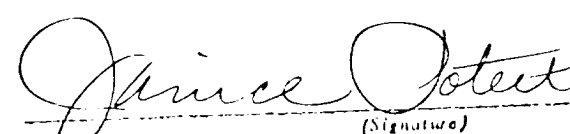
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Crack Size
Actual Prod. During Test	Oil-Gels.	Water-Gels.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Units Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Crack Size

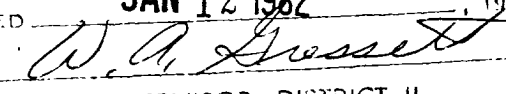
CERTIFICATE OF COMPLIANCE

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.


(Signature)
Production Clerk
(Title)
January 6, 1982
(Date)

OIL CONSERVATION COMMISSION

JAN 12 1982

APPROVED
BY 
TITLE SUPERVISOR, DISTRICT II

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 vertical 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 Part One I, II, III, and VI for changes of name, well name or number, or transporter or other such change of identification.