Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA, OFFICE

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Mewbourne Oil Company 30-015-25067 Address P. O. Box 7698, Tyler, Texas 75711 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation State, Rotopakty Rex E-7811 CEDAR LAKE MORROW GAS 1 STATE "CE" Location West 1980 Feet From The North Line and 1880 Line Feet From The Unit Letter ... Eddy County , NMPM, Range 30E Township 18S Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil P.O. Box 2436, Abilene, Texas 79604 Pride Companies, Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas P. O. Box 1188, Houston, Texas 77251 Transwestern Pipeline Company is gas actually connected? When? Twp. If well produces oil or liquids, Unit 11/5/88 give location of tanks. 18S [2 30E Yes F If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover | Deepen | Plug Back | Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **HOLE SIZE** 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** 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. Date Approved AUG 7 1991 ORIGINAL SIGNED BY By. MIKE WILLIAMS Signature Gaylon/Thompson, Engr Obrns. Secretary SUPERVISOR, DISTRICT II Printed chame Title Title_ 2900 July 30, 1991 (903) 561-Telephone No.

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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