_	- "									
bmit 5 Copies ppropriate District Office	Linergy, 1	State of Ne s and Natu	w Mexico Iral Resource	es Departme	nt		Form C- Revised 1	-1-89		
STRICT I O. Box 1980, Hobbs, NM 88240							AN 2 7 19	See Instr gat Botton	uctions n of Page	
ISTRICT II O. Drawer DD, Astonia, NM 88210			P.O. Bo			N				
STRICT III 20 Rio Brazos Rd., Aziec, NM 87410			•	exico 8750						
	REQUEST F									
erator	TO TRANSPORT OIL AND NATURAL (					Well API No.				
Mewbourne Oil Company						30 015 01 891				
	bbs, New Mex	ico	88241			•				
seson(s) for Filing (Check proper box)	Change is	a Transco	anter of:	Cube	t (Piease expla	ús)				
completion	ω [	Dry Ga		Eff€	ctive O	1/27/94				
hange in Operator	Curinghead Gas			co Hills			88255			
address of previous operator Ray		0. Bo	<u>X 4 LU</u>		, NEW Ph		00233		,	
DESCRIPTION OF WELL A	AND LEASE Well No. Pool Name, Including Formation				,	Kind of Lease Lease No.				
Midstream "16" 5+ Cc	2,217 1 1		-	amp. Mor	row Nor	th See	, Federal or Fee	<u>E 92</u>	:61	
Colice	. 1980	East Es		lorth Line	and 132	О р	eet From The	West	Line	
	- *•						Eddy		County	
Section 16 Township	<u>185</u>	Range	28E	<u>, NR</u>	<u>1PM,</u>		Luuy		County	
L DESIGNATION OF TRANS Inter of Authorized Transporter of Oil NKC	SPORTER OF C				address to wi	uch approve	d copy of this fo	rm is to be sa	ns)	
Ins of Authorized Transporter of Casing	pand Gas	or Dry	Ges 🗔	Address (Gin	address to wi	hick approve	d copy of this jo	rm is to be se	ní)	
well produces oil or liquids,	Unit Sec.	Twp.	Rgs.	Is gas actually	connected?	When	n ?		·····	
location of tanks.		1	<u> </u>							
his production is commingled with that f . COMPLETION DATA	TODI any Other Jease O	r pool, giv	ve commangi	The order many						
Designate Type of Completion .	Oil We	u (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Lesignate Type of Completion	Date Compl. Ready	Lo Prod.		Total Depth		<b>I</b>	P.B.T.D.		1	
•	Name of Producing Formation			Top Oil/Gas Pay			The Deat	Tubing Depth		
rionticas							Depth Casin	z Shoe		
	TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			Par	TID-	<u>ent</u> 3	
					· · · · · · · · · · · · · · · · · · ·			2-18-94		
	<u> </u>		+				ty ap			
TEST DATA AND REQUES	T FOR ALLOW	ABLE	•	_ <u>_</u>				<b>7</b>		
IL WELL (Test must be after n the First New Oil Run To Tank	ecovery of total volum	e of load	oil and must	t be equal to or Producing M	exceed top all whod (Flow, p	iowable for li ump, gas lift,	nui depin or de j , eic.)	of Juli 24 Adu	<b>rs</b> .)	
ingth of Test	Oil - Bbls.			Casing Press	Casing Pressure			Choke Size		
ctual Prod. During Test				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL	Length of Test			Bols. Conde	MMCF		Gravity of C	Condensate		
				Casing Pressure (Shut-ia)			Choke Size			
sing Method (pitot, back pr.)	Tubing Pressure (Sh	ш <b></b> m)		Casing Press	un (Sou-n)		Child Size			
1. OPERATOR CERTIFIC	ATE OF CON	<b>IPLIA</b>	NCE				VATION	ייפועום	אר	
I hereby certify that the rules and regul Division have been complied with and			~c							
is true and complete to the best of my			· •	Dat	a Approv	ed		1 1994		
MARATI	, for	3			• •			7		
Signature	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	a	<del></del>	By_			, DISTRIC			
Robert A. Jones Primed Name	<u> </u>			11	- and	RVISUM	•			
		Title		Titla	aSur*	·				
01 /25/ 94	(505) 393-	- <u>5905</u> <b>Selephone</b>		Title	9 <u>Sur_</u>	` `				

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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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.