c154 V 6T Dp

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED
JUN 23 '94
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Mewbourne Oil Company 14744	30-015-~~1891~~ 25350

Address: P.O. Box 5270 Hobbs, New Mexico 88241

Reason(s) for Filing (Check proper box)
- New Well ☐
- Recompletion ■
- Change in Operator ☐
- Other (Please explain) ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
13882 Midstream "16" State Com.	1	Illinois Camp ~~North~~ 33590 Bone Spring		E-9261

Location: Unit Letter L : 2310 Feet From The South Line and 990 Feet From The West Line

Section 16 Township 18S Range 28E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ■ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	4001 Pennbrook Odessa, Tx. 79762
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ■	Address (Give address to which approved copy of this form is to be sent)
GPM Gas Corporation	4044 Pennbrook Odessa, Tx. 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	L	16	18S	28E	Yes	06/15/94

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X					X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	06/17/94	10,650'	7038'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3617.1 GR	2nd Bone Spring Sand	6527'	6513'
Perforations			**Depth Casing Shoe**
6527' - 6860'			10,650'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	410'	
12-1/4"	8-5/8"	2729'	
7-7/8"	5-1/2"	10650'	
	2-3/8"	6513'	

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.)*

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	06/17/94	Pump	Part DD-2 8-5-94 comp w bk
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	--	--	
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
	22	69	15

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Erik L Hoover
Signature
Erik L. Hoover — Engineer
Printed Name — Title
06/22/94 — (505) 393-5905
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 27 1994

By

Title SUPERVISOR, DISTRICT II

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.