1									
Submit 5 Copies Appropriate District Office DISTRICT 1	Si Energy, Minerals	ew Mexico Iral Resourc	es Department			Form C-104 Revised 1-1-89 See Instructions			
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088					In CRIVEN	at Bottom of Page		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe,		x = 2000 exico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	-					JAN 31 19	941		
I.	REQUEST FOR ALL TO TRANSPO					0. C. D			
Operator					Well A	PANESA, OF			
Mewbourne Oil	Company 🗸				30-	015-2640	4		
Address P. O. Box 7698	, Tyler, Texas	75711							
Reason(s) for Filing (Check proper box)	<u> </u>			t (Please explain)			· · · · · · · · · · · · · · · · · · ·		
New Well X									
Recompletion	Oil Dry Gas Casinghead Gas Condens								
If change of operator give name and address of previous operator						····			
	AND I FACE		- · · ·				· ·		
II. DESCRIPTION OF WELL	Well No. Pool Name, Including Formation					Kind of Lease No.			
FEDERAL "T"	1 North	<u>111ir</u>	nois Camp	o Morrow	XXXX	Federal ox Fee X	NM-42410		
Location	660	N.	om+h	600			Fest		
Unit LetterA	.: <u>660</u> Feet From	m The $_$	orth Line	and990	Fe	et From The	East Line		
Section 12 Township	p 185 Range	27E	, NN	ſPM,		Eddy	County		
III. DESIGNATION OF TRAN		NATU							
Name of Authorized Transporter of Oil Amoco Pipeline Inter-	or Condensate	X				copy of this form	, OK 74170-2068		
Corporate Trucking Name of Authorized Transporter of Casing	ghead Gas or Dry C	jas 📉				copy of this form			
Transwestern Pipeline		pany P. O. Box 1188,					7251-1188		
If well produces oil or liquids, give location of tanks.	Unit Sec Twp. A 12 18S	27E	Is gas actually No	connected?	When	Februar	v. 1991		
If this production is commingled with that it IV. COMPLETION DATA		A	Lange and the second second	er: <u>No</u>	·····	· · · · · · · · · · · · · · · · · · ·			
	Oil Well G		New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v		
Designate Type of Completion	- (X) Date Compl. Ready to Prod.	X	X Total Depth	<u> </u>			I		
6/28/90	9/13/90		10,141'		1	P.B.T.D. 10,100'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
DF 3632 ¹ , GL 3618 ¹ Perforations	Morrow			10,008'		9,842' Depth Casing Shoe			
10,008-054'									
	TUBING, CASING AND					SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET 472 '			450			
12-1/4"	8-5/8"		2589'			900			
7-7/8"	<u>5-1/2"</u>		<u>9473'</u> 10140'		430				
5-1/2" V. TEST DATA AND REQUES	4" Liner			10140.		<u> </u>	_ 80		
	ecovery of total volume of load oi	l and must					full 24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, o			nc.)	Post TD-7		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size 3-15-9/.			
Actual Prod. During Test	01. 201		Water - Bbls.			Gas-MCF Camp & BR			
Actual Flot. During Test	Oil - Bbls.		WALCI - DOIS.			Cas- MCI	/		
GAS WELL	1		L			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Cond			
923 Testing Method (pitol, back pr.)	2.4 hours Tubing Pressure (Shut-in)		L Casing Pressure (Shut-in)		·	58 ⁰			
Back Pressure	2300#		-	- - -			64''		
VI. OPERATOR CERTIFIC	ATE OF COMPLIAN	CE							
I hereby certify that the rules and regula		OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my providedge and belief.			Data Approved MAR 1'2 1991						
An In the		Date Approved							
/Signature	mpon		By	Thi	<u> </u>	alath			
<u>Gavion Thompson</u> , Engr. Oprns.Sec.									
Printed/Name 1/78/91 (Printed Name Title $1/28/91$ (903) $561-2900$				Title SUPERVISOR, DISTRICT II				
Date	Telephone No	·							
INSTRUCTIONS: This form	n is to be filed in complian	co mith T	Quie 1104						

compu e with R 11e 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Request for anowable for newly difficult of deeplated well must be accompanied by module of deviation and with Rule 111.
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.