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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

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

FEB 28 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company		Well API No. 30-015-26499
Address P. O. Box 7698, Tyler, Texas 75711		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

CONFIDENTIAL

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 3/15/91
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Loco Hills State	Well No. 1	Pool Name, Including Formation Wildcat Strawn	Kind of Lease State, Federal, or Private	Lease No. B-7071
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Companies, L.P.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O.Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>2</u>
	Twsp. <u>18S</u>	Rge. <u>30E</u>
	Is gas actually connected? No - Flared	When ?
If this production is commingled with that from any other lease or pool, give commingling order number: <u>No</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>11/10/90</u>	Date Compl. Ready to Prod. <u>2/18/91</u>		Total Depth <u>11,625'</u>		P.B.T.D. <u>10,850'</u>			
Elevations (DF, RKB, RT, GR, etc.) DF 3521', GL 3507'	Name of Producing Formation Strawn		Top Oil/Gas Pay <u>10,614'</u>		Tubing Depth <u>10,527'</u>			
Perforations <u>10,614-620'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>530'</u>		<u>855</u> <u>Port ID-2</u>			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>3603'</u>		<u>145</u> <u>3-8-91</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>11625'</u>		<u>700</u> <u>ump & BK</u>			

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 <u>2/18/91</u>	Date of Test <u>2/21/91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>50#</u>	Casing Pressure <u>0#</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>60</u>	Water - Bbls. <u>1.5</u>	Gas- MCF <u>136</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Gaylon Thompson
Signature
Gaylon Thompson, Engr. Opns. Secretary
Printed Name
2/25/91 (903) 561-2900
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.

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