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

RECEIVED

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page JUL 3 0 1993

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410			_	_			, ri 87	Mark A			
						AUTHORIZ					
Operator		TOTRA	ANSP	ORT OIL	AND NA	TURAL GA		W 11			
•								PI No.	•		
Mewbourne Oil Company						30-015-26499					
P.O. Box 5270 Hobbs	Now M	ovico	882	11							
Reason(s) for Filing (Check proper box)	, NEW IT	EXICO	002.	<u>† 1</u>	Oth	er (Please expla	nin)				
New Well		Change is	n Transpo	orter of:		or (1 leade expla					
Recompletion	Oil		Dry G								
Change in Operator	Casinghea	_	Conde								
change of operator give name											
nd address of previous operator I. DESCRIPTION OF WELL	AND LE	ASE				<u></u>					
Lease Name		Well No. Pool Name, Include			ng Formation Kine			of Lease No.			
Loco Hills State]	Ced	lar Lake	e - Stra	wn	State,	Federal or Fee	B-707	7]	
Location											
Unit LetterM	_ :9	90	_ Feet F	rom The	South Lin	e and <u>660</u>	Fe	et From The	West	Line	
Section 2 Townsh	ip 18S	18S Range 30E			, NMPM, Eddy			County			
								· · · · · · · · · · · · · · · · · · ·			
II. DESIGNATION OF TRAI				D NATU				· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil	X	or Condensate						copy of this form is to be sent)			
Amoco Pipeline ICT								lland, I			
Name of Authorized Transporter of Casin	ighead Gas		or Dry	Gas	Address (Giv	e address to wh	ich approved	copy of this form	n is to be se	nt)	
If well produces oil or liquids,	Unit	Sec.	Twp.	• -	Is gas actually connected? When			?			
f this production is commingled with that				_*	ing order num	her				····	
V. COMPLETION DATA							,				
Designate Type of Completion		Oil Wel	i_	Gas Well	New Well	Workover	Deepen	Plug Back S	ime Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready i	to Prod.		Total Depth			P.B.T.D.			
					Top Oil/Gas	Day					
Elevations (DF, RKB, RT, GR, etc.)	of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations	_L								Depth Casing Shoe		
								,			
		TUBING	, CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
A MINOR DATE AND DECLIE	CT FOD	A T T (NY)	ADIE					<u> </u>		- "	
V. TEST DATA AND REQUE					he equal to o	aroad ton all	nuable for thi	e death or he for	6.11.24 hou	* c)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		e oj toda	ou ana musi		ethod (Flow, pu			juli 24 nou		
Date Filst New Oil Ruit 10 Taux		1 TOOLOGIE	ou.ou (1 1011, pu	- , 8							
Length of Test	Tubing Pressure				Casing Press	ure	 	Choke Size			
		Tong Trouble									
Actual Prod. During Test	Oil - Bbls				Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			ndensate		
Testing Method (pitot, back pr.)	Tubing Pi	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			,		
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE							
I hereby certify that the rules and reg						OIL CON	ISERV	ATION D	HVISIC	NC	
Division have been complied with an is true and complete to the best of my	d that the info	ormation gi		/e	Det	. A	_ A	UG 11 19	193		
1.111					Date	e Approve	u				
Then thusa	ne_										
Signature			- •		∥ By_	ORIG	SINAL SIG	NED BY			
Brent Thurman Engineer Printed Name Title					MIKE WILLIAMS						
Printed Name July 25, 1993 (505) 393-5905					Title SUPERVISOR, DISTRICT II						
	• -										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

