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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUI		•		exico 8/30 BLE AND	04-2088 AUTHOR12	ZATION				
I.						TURAL GA	S			,	
Operator MEWBOURNE OIL COMI	OURNE OIL COMPANY 🗸					Well API No. 30-015-26575					
Address P. O. Box 7698, Ty	zler. T	evas	75711								
Reason(s) for Filing (Check proper box)	, 101, 1	CAGS	73711		Oth	net (Please expla	in)	· · · · · · · · · · · · · · · · · · ·			
New Well	(Transporter o	of:		` '	•				
Recompletion	Oil		Dry Gas	Н							
Change in Operator If change of operator give name	Casinghead	Gas	Condensate	<u> </u>				····		^ · · · · · · · · · · · · · · · · · · ·	
and address of previous operator										<u> </u>	
II. DESCRIPTION OF WELL Lease Name	ASE Well No. Pool Name, Includi			ing Formation	Kind	Kind of Lease		Lease No.			
CHALK BLUFF FEDERAL		l North Illi				np Morrow	Sints.	States Federal on Fige		NM-0557371	
Location Unit LetterN	: 225	0	Feet From T	he _W	estLin	e and	Po	et From The	Sout	h Line	
Section 1 Townshi	p 18 So	uth	Range 2	27 1	East N	мрм,		Eddy	7	County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AND N	A TI I	RAT. GAS						
Name of Authorized Transporter of Oil Amoco Pipeline Inter— or Condensate Corporate Trucking					Address (Give address to which approved copy of this form is to be sent) Oil Tender Dept. Box 702068, Tulsa, OK 74170-206						
Name of Authorized Transporter of Casing Transwestern Pipeline	or Dry Gas	X.	Address (Give address to which approve P.O.Box 1188, Houston,								
If well produces oil or liquids, give location of tanks.	Unit S	•	Twp. Rge. 18S 27E		ls gas actuall			When? March, 1991			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	ool, give con	mingl	ing order numl	ber: No)				
. Com diffor Data		Oil Well	Gas W	'cli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	- (X)		j X		X			I HUB DACK		Jan Kesv	
12/22/90	Date Compl.	107/91/07/91			Total Depth	10,120		P.B.T.D.	10,079'		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
KB 3625', GR 3609' Morrow Perforations					9936'			9,8051			
9936-46', 9964-67',	13 ', 2 SP	F,Tota	1 28					Depth Casin	g Shoe		
	TU	BING, C	CASING A	ND	CEMENTIN	NG RECORD)	<u> </u>		W151	
HOLE SIZE 17-1/2"	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4"	13-3/8"				400'			425 Part 10-2			
8-3/3"	9 - 5/8"				2604 ' 9450 '			1025 5-12-91			
7"	4-1/2" Liner			10119'			1350 cemp + βK				
V. TEST DATA AND REQUES OIL WELL (Test must be after re								· · · · · · · · · · · · · · · · · · ·			
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
		· · · · · · · · · · · · · · · · · · ·					7, 8 190, 0	-			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		Gas- MCF				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Tes			$\neg \neg$	Bbls. Condens	ate/MMCF		Gravity of C	ondensate		
886 osting Method (pitot, back pr.)	. 24 hours Tubing Pressure (Shut-in)				1			5	58 ^C		
Back Pressure	1600#				Casing Pressure (Shut-in)			Choke Size	3/64"		
I. OPERATOR CERTIFICA	ATE OF C	OMPL	IANCE				· · · · · · · · · · · · · · · · · · ·		·		
I hereby certify that the rules and regular	lions of the Oil	Conserval	ion		C	IL CONS	SERVA	TION [DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									- 4004		
4 1/20					Date	Approved		MAY 1	6 1991		
Jugan m	npo	12			_	00101	NIAL OLO	NED DY			
Signature/ Gaylon Thompson, Engineering Operations				_	By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title March 11, 1991 (903) 561-2900					Title SUPERVISOR, DISTRICT If						
Date Telephone No.						Marketon of the	reen land	Kida Ni sagapaka kanama			
				_							

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 tabulated
- 2) All sections of this form must be filled out for allowable on new and recompleted
- Fill out only Sections I, II, III, and VI for changes of operator, well name or at
 Separate Form C-104 must be filed for each pool in multiply completed well.

