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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

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 Mewbourne Oil Company ✓	Well API No. 30-015-26869
Address P.O. Box 5270 Hobbs, New Mexico 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Red Lake State	Well No. 1	Pool Name, Including Formation Atoka - Red Lake	Kind of Lease State, Federal or Box	Lease No. E-7989
Location Unit Letter <u>N</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> Line Section <u>16</u> Township <u>18S</u> Range <u>27E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) Oil Tender Dept. Box 702068 Tulsa, Ok. 74170					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, Tx. 77251					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 16	Twp. 18S	Rge. 27E	Is gas actually connected? Yes	When? 03/31/92

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	X	
Date Spudded 01/04/92	Date Compl. Ready to Prod. 02/26/92		Total Depth 9810'		P.B.T.D. 9310'			
Elevations (DF, RKB, RT, GR, etc.) 3449' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 9178'		Tubing Depth 9056'			
Perforations 9178'-9188' 10' 2 spf					Depth Casing Shoe 9748'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		398'		450 Circ.			
12-1/4"	8-5/8"		1800'		900 Circ.			
7-7/8"	5-1/2"		9817'		2150			
	2-7/8"		9056'					

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.)	
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 100	Length of Test 24 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1100#	Casing Pressure (Shut-in) 0	Choke Size Open Choke

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.

Signature Kelly Ryan District Supt.
Printed Name April 7, 1993 Title (505) 393-5905
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 1993

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.