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DISTRICT I
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State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.

REQUEST

FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-------------------------------------|
| Operator Mewbourne Oil Company | | Well API No. 30-015-26874 |
| Address P. O. Box 7698, Tyler, Texas 75711 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input 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 LOCO HILLS STATE | Well No. 3 | Pool Name, Including Formation WALTERS LAKE-BONE SPGS | Kind of Lease State, | Lease No. B-7071-15 |
| Location | | | | |
| Unit Letter K : 2210 Feet From The South Line and 1980 Feet From The West Line | | | | |
| Section 2 Township 18S Range 30E , NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|--------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Companies, L.P. | 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc. | Address (Give address to which approved copy of this form is to be sent) Suite 550, 10 Desta Dr.E.Midland,Tx 79705 | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 2 |
| | Twp. 18S | Rge. 30E |
| | Is gas actually connected? Yes | When ? 1/24/92 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 12/01/91 | Date Compl. Ready to Prod. 1/24/92 | | Total Depth 7300' | | P.B.T.D. 7209' | | | |
| Elevations (DF, RKB, RT, GR, etc.) DF 3588', GL 3576' | Name of Producing Formation Bone Springs | | Top Oil/Gas Pay 6923' | | Tubing Depth 6829' | | | |
| Perforations 6923-7039' & 7140-7152' | | | | | Depth Casing Shoe ---- | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 548' | | 535 | | | |
| 12-1/4" | 8-5/8" | | 2,133' | | 1150 | | | |
| 7-7/8" | 5-1/2" | | 7,309' | | 1170 | | | |

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 1/27/92 | Date of Test 2/02/92 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 810# | Casing Pressure ---- | Choke Size 10/64" |
| Actual Prod. During Test | Oil - Bbls. 125 | Water - Bbls. 10 | Gas- MCF 265 |

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.

Signature
Gaylon Thompson, Engr. Oprns. Secretary
Printed Name
2/19/92
Date
(903) 561-2900
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 28 1992**

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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