Submit 5 Copies
Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. Be	P.O. Box 2088				993		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Santa Fe, New Mexico 87504-20				O.C.D			
I. Operator	REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS					√PI No.			
Mewbourne Oil Compar	nv /					015-26874	<u>!</u>		
Address						013-2007-	<u> </u>		
P.O. Box 5270 Hobbs Reason(s) for Filing (Check proper box) New Well	-		Oth	et (Piease expi	zin)				
Recompletion	Change i	in Transporter of: Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator		-							
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No	Pool Name, Includi	ng Formation			of Lease	L	ase No.	
Loca Hills State	3	!alters La			,3 1 .	Federal or Fee	B-7	071-15	
Unit LetterK	:2210	_ Feet From The		and	Fe	et From The	West	Line	
Section 2 Township	p 18S	Range 30E	, NI	мрм,		Eddy		County	
III. DESIGNATION OF TRAN	SPORTER OF (OIL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	of Authorized Transporter of Oil or Condensate Add			Address (Give address to which approved copy of this form is to be sent)					
Amoco Pipeline ICT Name of Authorized Transporter of Casing	phead Gas	or Dry Gas	502 N. West Ave. Level Address (Give address to which approved						
William I lampater of Cally				_ can ess 10 W	шл ирргочеа	COPY OF UNIS JOHN	w ot st	- /	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 185 30E	is gas actuali	y connected?	When	?			
If this production is commingled with that in IV. COMPLETION DATA	from any other lease of	r pool, give commingli	ing order aumi	xer:				<u>-</u>	
Designate Type of Completion	- (X) Oil We	ll Gas Well	New Well	Workover	Deepen	Plug Back Si	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formstion			Top Oil/Gas	Pay		Tubing Depth			
Perforations						Depth Casing S	ihoe		
-	CEMENTI	NG RECOR	D						
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after re			h		- this	death on he for	6.// 24 hour		
Date First New Oil Run To Tank	Date of Test	e of load oil and must		thed (Flow, pu			, av <i>nom</i>	- ·/	
		<u> </u>			Chaka Sira				
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	,1		I						
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	ut-in)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE							
I hereby certify that the rules and regula	ntions of the Oil Conse	ervation	(OIL CON	ISERV	ATION D	IVISIC	PN	
Division have been complied with and to is true and complete to the best of my k		ven above		Anne	a	JUL 02	1993		
				Date Approved					
	<u></u>		∥ By_	OD!	CINIAL OL	ALCO DI			
Signature Selfe Type				ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name Kelly Ryon District Supt.				Title SUPERVISOR, DISTRICT II					

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

1993

June 28,

- 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.

(505) 393-0000000.

- 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.

