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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

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

CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company	JUL - 1 1992	Well API No. 30-015-26972
Address P. O. Box 7698, Tyler, Texas 75711		
Reason(s) for Filing (Check proper box) 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. 4	Pool Name, Including Formation Walters Lake - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. B-7071
Location Unit Letter N : 2210 Feet From The West Line and 990 Feet From The South 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 Pride Companies, L.P.	or Condensate <input type="checkbox"/>	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 Conoco, Inc.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Suite 550, 10 Desta Drive E., Midland, TX 79705				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 2	Tw. 18S	Rge. 30E	Is gas actually connected? Yes	When? June 9, 1992

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 4/20/92	Date Compl. Ready to Prod. 6/9/92		Total Depth 7500'		P.B.T.D. 7464'			
Elevations (DF, RKB, RT, GR, etc.) KB 3579', GL 3565'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6995'		Tubing Depth 6901'			
Perforations 6995-7006', 7014-7028', 7064-7116', 7130-7141'					Depth Casing Shoe ----			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		541'		250			
12-1/4"	8-5/8"		3697'		2010			
7-7/8"	5-1/2"		7507'		1015			

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 6/09/92	Date of Test 6/16/92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 820#	Casing Pressure ---	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 126	Water - Bbls. 78	Gas- MCF 186

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, Engineering Operations
Printed Name
June 18, 1992
Date
(903) 561-2900
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 21 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.

