

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
600 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

MAY 1 1993

C.C.O.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company	Well API No. 30-015-27009
Address P.O. Box 5270 Hobbs, New Mexico 88241	
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Turkey Track "15" State	Well No. 1	Pool Name, Including Formation Illinois Camp, Bone Springs	Kind of Lease State, Federal or Fee	Lease No. E-1286
Location Carbonate				
Unit Letter E	1980	Feet From The North	Line and 990	Feet From The West
Section 15	Township 18S	Range 28E	NMPM	Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian	or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, TX 77210				
Name of Authorized Transporter of Casinghead Gas GPM Corporation	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 79762				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 15	Twp. 18S	Rge. 28E	Is gas actually connected? No	When? Upon Connection

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					
Date Spudded 12/30/92	Date Compl. Ready to Prod. 04/17/93		Total Depth 10,870'		P.B.T.D. 7847'			
Elevations (DF, RKB, RT, GR, etc.) 3597' GR 3609' KB	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 6418		Tubing Depth 6500 Anchor			
Perforations 6418'-6428'					Depth Casing Shoes 10,860'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48#		390'		525 Sx. Class "C"			
12-1/4"	9-5/8" 36#		2623'		1000 Sx. Class "C"			
8-3/4"	5-1/2" 17#		10864'		2470 Sx. Class "H"			

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 04/18/93	Date of Test 04/18/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hour	Tubing Pressure 100 psi	Casing Pressure 20 psi	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 40	Gas - MCF 45

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  
Robert Jones  
Printed Name  
April 30, 1993  
Title  
Engineer  
(505) 393-5905  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 14 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.