

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
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION NOV 24 1992

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company	Well API No. 30-015-27091
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 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 Cedar Breaks "2" State	Well No. 1	Pool Name, Including Formation Walters Lake Bone Springs	Kind of Lease State, Federal or Fee X	Lease No. E-7811
Location Unit Letter G : 2130 Feet From The North Line and 1980 Feet From The East 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 Drive					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 2	Twsp. 18S	Rge. 30E	Is gas actually connected? Yes	When? 10/29/92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded 09/08/92	Date Compl. Ready to Prod. 10/29/92		Total Depth 7441'		P.B.T.D. 7301'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 3160'		Tubing Depth 6518' 6815'			
Perforations 6918'-6923' 6968'-6997' 7046'-7062'		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		545'		550			
12-1/4"	9-5/8"		2100'		690			
8-3/4"	5-1/2"		7441'		1480			

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 10/29/92	Date of Test 11/05/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure 50 PSI	Casing Pressure 70 PSI	Choke Size Open
Actual Prod. During Test 6	Oil - Bbls. 6	Water - Bbls. 40	Gas- MCF 88

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 A. C. Jones
Printed Name Robert Jones Title Petroleum Engineer
Date 11/12/92 Telephone No. (505) 393-5905

OIL CONSERVATION DIVISION

Date Approved JAN 18 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I#

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.

