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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

RECEIVED
SEP -1 1993
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page
CLSF
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OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Mewbourne Oil Company ✓	Well API No. 30-015-27394
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 Illinois Camp "17" State	Well No. 1	Pool Name, Including Formation Illinois Camp Morrow, North	Kind of Lease State, Federal or Fee.	Lease No. 647
Location Unit Letter <u>AE</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>2180</u> Feet From The <u>North</u> Line Section <u>17</u> Township <u>18S</u> Range <u>28E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Pet. Co. Trucks	4001 Pennbrook Odessa, Tx. 79762
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
GPM Gas Corp.	4044 Pennbrook Odessa, Tx. 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	F 17 18S 28E Yes 08/26/93
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 06/19/93	Date Compl. Ready to Prod. 08/17/93	Total Depth 10,520'		P.B.T.D. 10,475'				
Elevations (DF, RKB, RT, GR, etc.) 3615' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,251'		Tubing Depth 10,155'				
Perforations 10,251' - 10,378'				Depth Casing Shoe 10,520'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	385'		525 Sks. Circ.				
12-1/4"	9-5/8"	2,583'		1000 Sks. Circ.				
8-3/4"	5-1/2"	10,520'		2220 Sks. Circ.				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-2 10-8-93 comp & BK	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1420	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 75.5	Gravity of Condensate 47°
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 2900#	Casing Pressure (Shut-in) 0#	Choke Size 14/64"

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 Kelley Ryan Dist. Supt.
Printed Name _____ Title _____
Date August 31, 1993 Telephone No. (505) 393-5905

OIL CONSERVATION DIVISION

Date Approved SEP 22 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.