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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 - 8 1993

O. C. D.

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

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bp

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company	Well API No. 30-015-27555
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. 4	Pool Name, Including Formation Walters Lake - Bone Spring	Kind of Lease State, Federal or Fee	Lease No. E-7811
Location Unit Letter 0 : 2310 Feet From The East Line and 330 Feet From The South Line Section 2 Township 18S Range 30E 30, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Amoco Pipeline ICT	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave. Levelland, Tx. 79336-3914					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. Suite 627 Midland, Tx. 79705					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 2	Twp. 18S	Rge. 32E	Is gas actually connected? Yes	When? 09/04/93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07/29/93	Date Compl. Ready to Prod. 09/01/93		Total Depth 7425'		P.B.T.D. 7385'			
Elevations (DF, RKB, RT, GR, etc.) 3515' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6982'		Tubing Depth 6825'			
Perforations 6982-7086					Depth Casing Shoe 7425'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		601'		550 Post IO-2			
12 1/4"	9-5/8"		1650'		1280 9-20-93			
8 3/4"	5-1/2"		7425'		1875' comp & BH			

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 09/04/93	Date of Test 09/05/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 1040**	Casing Pressure 0#	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 120	Gas - MCF 255

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 Kelly Ryan Dist. Supt.
Printed Name Kelly Ryan Title
Date September 07/93 Telephone No. (505) 393-5905

OIL CONSERVATION DIVISION

Date Approved SEP 19 1993

By ORIGINAL SIGNED BY
MIKE J. JAMES
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.

