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

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAR 1 4 1991

RECEIVED

DISTRICT III	Santa Fe, New M	1exico 8/504-2088	MA			
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA TO TRANSPORT OF	BLE AND AUTHORIZAT	NOIT	O. C. D. ITESIA, OFFICE		
Operator	/		Well AP	I No.		
Morexco, Inc.						
Vidress  Post Office Box	481, Artesia, New	Mexico 88211-048	1			
Reason(s) for Filing (Check proper box)	1 4017 MICESIAY NEW	Other (Please explain)	<u></u>			
New Well	Change in Transporter of:	Change of Ope	orato	r Effective	1-1-01	
Recompletion	Oil Dry Gas	Lease Operat				
Change in Operator	Casinghead Gas Condensate	Lease Operat.	TOHS	laken over	2-16-91	
	Kalb Energy Company,	800 Central, Od	essa,	Texas 7976	i	
L DESCRIPTION OF WELL	AND LEASE					
ease Name	iding Formation	Kind of Lease Lease No.				
East Millman Ur	Millman-O-GR-SA	.lman-O-GR-SA   State, Federal or Fee   Stat		te 648		
Unit Letter A	: 990 Feet From The	N Lipe and 33	0 Fee	t From TheE	Line	
Section 15 Townsh	ip 198 Range	28 E , NMPM,		Eddy	County	
II. DESIGNATION OF TRAI	NSPORTER OF OIL AND NAT	URAL GAS				
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is					sent)	
If well produces oil or liquids, give location of tanks.		Is gas actually connected? When ?				
If this production is commingled with the	I from any other lease or pool, give commi	ngling order number		<del></del>		
V. COMPLETION DATA	. Home and called hear of poor, give contain	aging order number.			<del></del>	
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res's	Diff Res'v	
Designate Type of Completion	1 - (X)	I I I I I I I	Deepen	ring back joanne kes	t pili kesv	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth	
(,,,,		1		raous rebut		
Perforations				Depth Casing Shoe		
	TIRING CASING AN	ID CEMENTING RECORD		1		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING & TOBING SIZE	DEFIRSE	DEFIRSE		D I TI	
				Tast + L	- 2 - 1	
					3-22-91	
				che op		
V mpom b local AND provide				20		
V. TEST DATA AND REQUI						
	r recovery of total volume of load oil and n				iours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	o, gas lift, e	etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas- MCF		
GAS WELL			<b>,</b>		·	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size		
VIII OPER LEGA COL		<del></del>	<del></del>	1		
· - •	ICATE OF COMPLIANCE		SEDV	ATION DIVIS	HON	
I hereby certify that the rules and re		JL11V.	ALION DIVIS			
Division have been complied with a	][		NAM - 0 4004			
is true and complete to the best of n	ly anowiedge and better.	Date Approved	<u> </u>	MAR 1 8 1991		
10,1,0000	. 6. a					
Pelvecca Olo	W	-   Ву		0.00.		
Signature Rebecca Olson	[[	II SIMENALE SIGNAED DI				
Printed Name	- II - MIK	MIKE WILLIAMS Title SUPERVICER DISTRICT IN				
	Title (505) 746-6520 Telephone No.	-     1100 <u>Star</u>	<u>et MVISC</u>	<u>.*C. DISTRICT I¶</u>		
		H				

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.