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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

## State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

ISTRICT III	Sar	nta Fe, New Mex	100 8/304-2	2088	M	AR 1 4 19	191	•		
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.									
	•		AND NATURAL GAS			ARTESIA, OFFICE				
Operator					Well API	No.				
Morexco, Inc. V					l					
Post Office Box	481. Artes	sia. New Me	exico 88	211-048	1					
Reason(s) for Filing (Check proper box)	1017 111001	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Please explain)						
vew Well	Change in	Transporter of:		e of Ope						
Recompletion						Lease Operations Taken Over 2-16-91				
Change in Operator		Condensate	200 0				70761			
f change of operator give name  nd address of previous operator  De Ka	alb Energy	Company, 8	300 Cent	rai, ode	essa,	Texas	79/61			
I. DESCRIPTION OF WELL A	ND LEASE									
Lease Name			g Formation			Kind of Lease State, Federal or Fee Chaho 640				
East Millman Un:	it 150	E. Mil	llman-Q-	·GR-SA	State, Fe	ederal or Fee	State	648		
Location	660		0		^		Б			
Unit Letter P	:660	Feet From The	S Line at	nd 66	U Fœt	From The	E	Line		
Section 15 Township	198	Range 28	BE, NMP	'Μ.		Eđ	dy	County		
III. DESIGNATION OF TRANS	SPORTER OF O			<del></del>	<del></del> -		<del></del>			
Name of Authorized Transporter of Oil	-	address to which								
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Box 175						
•		or Dry Gas		eddress to which				I		
Phillips Petrole If well produces oil or liquids,	eum Company  Unit   Sec.						lessa, Texas 79760			
give location of tanks.	P   15	19S 28E	Yes		:	9-60				
If this production is commingled with that f	from any other lease of			r: <u>CT</u>		,9				
IV. COMPLETION DATA			·							
Designate Type of Completion	Oil We	II Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	<u>-</u>		P.B.T.D.	1			
	220 Comp.: 1100)					1.5.1.5.				
Elevations (DF, RKB, RT, GR, etc.)	Formation	Top Oil/Gas Pay		·····	Tubing Depth					
						Depth Casing Shoe				
Perforations						Depth Casing	Shoe			
	TIRING	CASING AND	CEMENTIN	G RECORD		l	<del></del>			
HOLE SIZE		TUBING, CASING AND ASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
TIOCE GIZE	O NORTO G	1001110 0122				Part ID-3				
						3-	12-9/	<u> </u>		
	<u> </u>					che as				
V. TEST DATA AND REQUE			<del>-</del>							
		ne of load oil and mus					r full 24 hours	:.)		
Date First New Oil Run To Tank	Date of Test		Producing Met	thod (Flow, purry	o, gas lift, e	uc.)				
Length of Test	Tubing Pressure	menum		Casing Pressure			Choke Size			
Trugal or tea	Tuoing ressure		Casing Treasure							
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls.			Gas- MCF			
					- <del> </del>					
GAS WELL								<del></del>		
Actual Prod. Test - MCF/D			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressu	re (Shut-in)		Choke Size				
			-lr							
VL OPERATOR CERTIFIC			(	JIL CON	SERV	ΔΤΙΟΝ Ι	DIVISIO	M		
I hereby certify that the rules and reg	OIL CONSERVATION DIVISION									
Division have been complied with an is true and complete to the best of my	Date Approved MAR 1 8 1991									
	. <del>•</del>		Date	e Approved		ILU T				
Revera Ols	$D\!$									
Signature			By_	OR	GINAL	SIGNED B	<del>Y</del>			
Rebecca Olson Printed Name	MIKE WILLIAMS Title SUPERVISOR DISTRICT IS									
March 11, 1991	(505) 7 <i>46</i>	-6520	Title	SUI	rekvis(	JR, DISTR	ICT 19			
- march TI 1991	<del>-\202} /45</del>	Telephone Mo	- 11							

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.