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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

O. C. D.

STRICT III	REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL GA					O. C. D.				
O Rio Brazos Rd., Aztec, NM 87410	REQUEST	T FOR A	ALLOWA	BLE AND A	UTHORIZ	ATION A	rtesia, w	• • •	•	
· · · · · · · · · · · · · · · · · · ·	TOT	TRANS	PORT OIL	AND NAT	URAL GA					
erator Tong /	/					Well Al	l No.			
Morexco, Inc.									····	
Post Office Box	481, Ar	tesia	. New 1	Mexico 8	8211-04	181				
ison(s) for Filing (Check proper box)					(Please explai					
w Well	Chai	nge in Trans	sporter of:		ge of C		r Effe	ctive 1	L-1-91	
completion	Oil	Dry	Gas 🗆		e Opera					
ange in Operator	Casinghead Gas	Con	densate 🗌		•					
hange of operator give name DeK address of previous operator	alb Ener	gy Co	mpany,	800 Cen	tral, C	dessa,	Texas	79761		
DESCRIPTION OF WELL	AND LEASE									
	1 2 1		Name, Inclu	ling Formation			Lease		ase No.	
-East Millman Un	it 1	88	E. Mi	llman-Q-	GR-SA	State, I	ederal or Fee	State	e 648	
exation	7.650			_	_					
Unit Letter L	_ : <u> 1650</u>	Fee	From The _	SLipe	and	330 _{F⇔}	t From The	W	Line	
Section 22 Townsh	ip 19S			28E .N	em e		T	244	_	
Section 22 Townsh	<u>ip 193</u>	Ran	ige	20 £ , NN	1РМ,			ddy	County	
. DESIGNATION OF TRAI	SPORTER C	OF OIL	AND NAT	URAL GAS						
ame of Authorized Transporter of Oil	or c	Condensate		Address (Giw	address to wh	iich approved	copy of this fo	orm is to be se	п)	
(4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1										
ame of Authorized Transporter of Casin	ighead Gas	or I	Dry Gas	Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	nt)	
well produces oil or liquids,	e. Is gas actually	y connected?	When	7						
ve location of tanks.	SI	1								
this production is commingled with the . COMPLETION DATA	from any other le	ease or pool	, give commit	ngling order num	oer:	·				
Decignate Time of Completion	(C)	il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			<u> </u>	1	L	1	<u> </u>	<u></u>	1	
ate Spudded	Date Compl. R	Ready to Pro	xt.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation erforations				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
								1		
citorations							Depth Casi	ng Shoe		
 	TU	BING, C	ASING AN	D CEMENTI	NG RECOR	RD	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OAGING & TODING SIZE			 	DEFINSE			Pot ID-3 3-22-91		
· · · · · · · · · · · · · · · · · · ·										
					- eng y					
. TEST DATA AND REQU	EST FOR AL	LOWAB	LE							
IL WELL (Test must be afte	r recovery of total	volume of	load oil and m	ust be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ownp, gas lift,	etc.)			
Length of Test	Talle B				Casina Process			Choke Size		
Length of Test	lubing Pressu	Tubing Pressure			Casing Pressure			CHOKE SIZE		
tual Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF				
•	Oil • Dois.									
GAS WELL					 					
Actual Prod. Test - MCF/D	Length of Te	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
								-		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
				—	·····		l			
VL OPERATOR CERTIF	ICATE OF (COMPL	LIANCE	! 		NICEDI	MTION		ON.	
I hereby certify that the rules and re					OIL OU	いろのによっ	MIUN	1 DIVISI	ON	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								MAR 1 3 1991		
				∥ Da	le Approv	/ed				
Oslianas Oto	\{\mathred{N}_{\alpha}				• •					
Kevera Cloen Signature				- Bv		al Contract	ء <u>َ عَمَدَننَد</u>	, v		
Rebecca Olson	Product	ion Ar	nalyst	_	¥,*	ini wit.				
Printed Name			Title	_		CONCRETE	-			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

- 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.

(505) 746-6520 Telephone No.