FILE U.S.G.S.

REQUEST FOR ALLOWABLE ____ AND

Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE	4	キャンモカ	
	TRANSPORTER OIL / GAS /	REC	EIVED	
	OPERATOR /	1	a	
1	PRORATION OFFICE	MAY (6 1977	
••	Operator	TT. COMPANY	_	
	MEWBOURNE OIL COMPANY O.C.C.			
	Address 330 Citizens Bank Building, Tyler, Texas 75702			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		e of Operator only
	Recompletion	Oil Dry Gas		duction Company
	Change in Ownership	Casinghead Gas Conden	sate effective MA	1, 1977
	the second secon			
	If change of ownership give name and address of previous owner	Change in operating na	ame only (same ownership)•
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Federal Lease No.
	Shugart 18-Queen Unit	3 Shugart (Y SR	Q G) State, Federal	or Fee LC- 029393-f
Location Unit Letter L ; 660 Feet From The West Line and 1650 Feet From The South				_
				he South
	10 C 31 F Eddy			
Line of Section 18 Township 18 S Range 31 E , NMPM, Eddy				County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)
	Texas-New Mexico Pip	e Line Company	P. O. Box 1510, Midlan	
	Name of Authorized Transporter of Cas	singhead Gas 🔯 or Dry Gas 🗔	Address (Give address to which approv	
	Phillips Petroleum C		Bartlesville, Oklahoma	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	7/30/62
	give location of tanks.	L 18 18S 31E		1730702
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Designate Type of Completic	$\operatorname{pn} - (X)$		1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			The COLUMN TO TH	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing beput
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1		:
	DECEMBER OF THE PROPERTY OF	OP ALLOWARIE (Test must be as	for recovery of total volume of load oil	and must be equal to or exceed top allow-
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.)
			Casing Pressure	Cheke Size
	Length of Test	Tubing Pressure	Cdaing Fleename	
	Actual Prod. During Test	Oil-Bbl.	Water-Bbls.	Gas-MCF On S
	Action 1 to a Desiry			TO WAN
1	0,490			
	GAS WELL			CVV C
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	I mind Liesante (Shitt-In)		·
ا	CONTRICATE OF COURT IAN	CF	OII CONSERVA	TION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE		JUN 1 3 1977	
	I hereby partify that the rules and	regulations of the Oil Conservation	APPROVED JUN	. 19
	Commission have been complied to	with and that the information given	No Williams	esset
	above is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICT H	
			TITLESUPERVISOR, DISTRICT. H	
	\mathcal{L}		This form is to be filed in	compliance with RULE 1104.
	Il Jarforee Ooto		If this is a request for allowable for a newly drilled or deepened	
	(Signalwe)		tests taken on the well in accordance with RULE 111.	
	Production Clerk	2/21	All sections of this form mu able on new and recompleted we	st be filled out completely for allow-
	(Ti	tle) ·		THE A SET for changes of owner.

(Date)

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.