

FILE	/	✓	AND		Effective 1-1-55
U.S.G.S.			AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE			RECEIVED		
TRANSPORTER	OIL				
	GAS				
OPERATOR	/				
PRORATION OFFICE			MAY 23 1977		
Operator			MEWBOURNE OIL COMPANY		
Address			330 Citizens Bank Building, Tyler, Texas 75702		
Reason(s) for filing (Check proper box)			Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	Change in Company Name Only --		
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Effective May 1, 1977		
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	for New Prod. in		
If change of ownership give name and address of previous owner			No change in ownership.		
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Shugart 18-Queen Unit	6	Shugart (Y SR Q G)	State, Federal or Fee	LC-	029393-f
Location					
Unit Letter	K	1,980 Feet From The	S	Line and	1,980 Feet From The
Line of Section	18	Township	18 S	Range	31 E
			NMPM,	Eddy	County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Water Injection Well.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? When
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen
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	Tubing Depth		
Perforations			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
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		
CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
APPROVED JUN 13 1977					
BY W.A. Gressett					
TITLE SUPERVISOR, DISTRICT II					
This form is to be filed in compliance with RULE 1104.					
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for allowable on new and recompleted wells.					
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 filled for each pool in multiply completed wells.					
May 19, 1977					
Production Clerk					
(Signature)					
(Title)					
(Date)					