

|                  |     |  |  |
|------------------|-----|--|--|
| SANTA FE         |     |  |  |
| FILE             |     |  |  |
| U.S.G.S.         |     |  |  |
| LAND OFFICE      |     |  |  |
| TRANSPORTER      | OIL |  |  |
|                  | GAS |  |  |
| OPERATOR         |     |  |  |
| PRORATION OFFICE |     |  |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

SEP 22 1982

O. C. D.

ARTESIA, OFFICE

I. Operator

MEWBOURNE OIL COMPANY

Address

P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☒

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|               |          |                                |                             |           |
|---------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name    | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease No. |
| State "B" Com | 1        | North Cemetary Atoka           | State, Federal or Fee State | L-322     |

Location

Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East

Line of Section 33 Township 19 South Range 25 East , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

Bartlesville, Oklahoma

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

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  
B

Sec.  
33

Twp.  
19

Rge.  
25

Is gas actually connected?

When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

|                                    |          |          |          |          |        |           |              |            |
|------------------------------------|----------|----------|----------|----------|--------|-----------|--------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same as last | Diff. Res. |
|------------------------------------|----------|----------|----------|----------|--------|-----------|--------------|------------|

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, CR, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. 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)

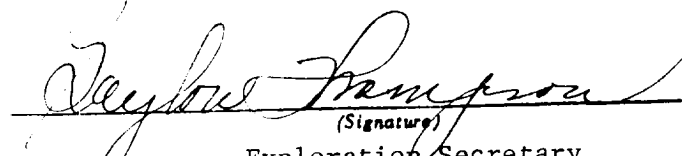
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | 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 (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

VI. 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.

  
(Signature)  
Exploration Secretary  
(Title)  
September 20, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 23 1982, 19

Original Signed By  
BY Leslie A. Clements

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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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

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