	SANTA FE FILE				REQUEST		SION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.				AUTHORIZATION TO TRA			C 4 5		
	AND OFFICE				•			GAS		
	TRANSPORTER	OIL	/		RECE	EIVE	U			
		GAS								
	OPERATOR		1		MAY 6	1977				
I.	PRORATION OF	FICE			, , , , , , , , , , , , , , , , , , ,		·			
	MEWBOURNE OIL COMPANY D.C.C.									
	Address ARTESIA, DFFIDE									
	330 Citizens Bank Building, Tyler, Texas 75702									
	Reason(s) for filing (Check proper box) Other (Please explain)									
	New We!l Change in Transporter of: Change in name of Operator only							nly		
	Recompletion Oil Dry Gas from Mark Production Company									
	Change in Ownershi	Change in Ownership Casinghead Gas Condensate effective May 1, 1977								
		ange of ownership give name address of previous owner Change in operating name only (same ownership).								
	and address of prev	vious own	her_				<u></u>			
11.	DESCRIPTION O	F WELL		ND I	EASE					
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.									
		New Mexico Osage (20m 1 Cemetary (Morrow) State, Federal or Fee Fee								
Location Unit Letter 0; 1980 Feet From The East Line and 660 Feet From The South										
								County		
Line of Section 5 Township 20 S Range 25 E , NMPM, Eddy									County	
11.	DESIGNATION O	F TRAN	SPO	ORT	ER OF OIL AND NATURAL GA	S				
	Name of Authorized	Name of Authorized Transporter of Oll or Condensate 🔀 Address (Give address to which approved copy of this form is to be sent)								
į					chasing Company		•	, New Mexico 88		
	Name of Authorized					•		oved copy of this form is to		
	Gas Compa	any of	Ne					Building, Dalla	as, Texas 75270	
	If well produces oil		,	i	Unit Sec. Twp. P.ge.			6/11/75	13210	
l										
	If this production is COMPLETION DA		gled	with	that from any other lease or pool,	give commin	igling order number:		<u> </u>	
••• [New Well	Workover Deepen	Plug Back Same Res	v. Diff. Res'v.	
	Designate Typ	pe of Co	mple	etion	$\mathbf{n} = (\mathbf{X})$	i I				
Ì	Date Spudded				Date Compl. Ready to Prod.	Total Depth	·	P.B.T.D.		
	Elevations (DF, RKE	B, RT, GR,	, etc	・	Name of Producing Formation	Top Oil/Gai	s Pay	Tubing Depth		
	Perforations							Depth Casing Shoe		
	errorations									
ŀ		TUBING, CASING, AND CEMENTING RECORD								
ľ	HOLE	SIZE			CASING & TUBING SIZE		DEPTH SET	SACKS CEM	ENT	
Ī										
Ĺ										
-					· · · · · · · · · · · · · · · · · · ·			+		
L						l				
		DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil F	Run To Ta	nks		Date of Test		lethod (Flow, pump, gas li	ift, etc.)		
F	Length of Test				Tubing Pressure	Casing Pres	5010	Choke Size	المعدة	
								1 this		
	Actual Prod. During	Test	_		Oil-Bbis.	Water-Bbls,		Gas-MCF	S . Maint	
									aling 1	
	Char, h-									
ſ	GAS WELL Actual Prod. Test-M	ACF/D		T	Length of Test	Bbis. Conde	nagte/MMCF	Gravity of Condensate	· · · · · · · · · · · · · · · · · · ·	
					-					
┢	Testing Method (pito	t, back pr.	.)		Tubing Pressure (Shut-in)	Casing Pres	swe (Shut-in)	Choke Size		
ים גר	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION				
						ARROVED				
I	hereby certify that the rules and regulations of the Oil Conservation									
0	commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.					BY	N.U.S.	resset	····	
-		• • • •					SUPERVISOR, DIS	TRICT H		
	Mi. Ll									
						This form is to be filed in compliance with RULE 1104.				
_	11 Janfoure 0012					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				
	bralle	Production Clerk					tests taken on the well in accordance with RULE 111.			
-	(Fround)	(Production Clerk					All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
	April 15, 1977					Fill out only Sections I. II. III. and VI for changes of owner,				
	<u> </u>			Date)	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.				
					t	, compreses				