

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 OIL-C-104 and  
Effective 1-1-65  
AUG 20 1984  
O. C. D.  
ARTESIA, OFFICE

Operator MEWBOURNE OIL COMPANY

Address P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name <u>NEW MEXICO OSAGE "COM"</u>	<u>1</u>	<u>CEMETARY (MORROW)</u>	State, Federal or Fee <u>FEE</u>	

Location	Unit Letter	Feet From The	Line and	Feet From The	County
	<u>0</u>	<u>1980</u>	<u>East</u>	<u>660</u>	<u>South</u>
Line of Section	<u>5</u>	Township	<u>20 South</u>	Range	<u>25 East</u>
			<u>NMPM,</u>		<u>Eddy</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
	<u>Phillips Pet. Co.</u>	<u>4401 West Loop, Dallas, Texas 75211</u>				
	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
	<u>Gas Company of New Mexico</u>	<u>P.O. Box 26400, Albuquerque, N.M. 87125</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	<u>0</u>	<u>5</u>	<u>20</u>	<u>25</u>	<u>Yes</u>	<u>6-11-75</u>

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

COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)								
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

Post ID-3  
8-24-84  
J.H. G.T. 1506

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.

Raymond Thompson  
(Signature)  
Exploration Secretary  
August 17, 1984  
(Date)

OIL CONSERVATION COMMISSION
APPROVED <u>AUG 22 1984</u>
BY <u>Original Signed By</u> <u>Lacie A. Clements</u>
TITLE <u>Supervisor District II</u>

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 filed for each pool in multiply completed wells.