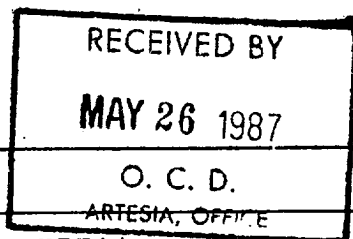


| | | |
|------------------|---|---|
| SANTA FE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| U.S.G.S. | <input type="checkbox"/> | <input type="checkbox"/> |
| LAND OFFICE | <input type="checkbox"/> | <input type="checkbox"/> |
| TRANSPORTER | OIL <input checked="" type="checkbox"/> | GAS <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PRORATION OFFICE | <input type="checkbox"/> | <input type="checkbox"/> |

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-110
Effective 1-1-65

I. Operator **MEWBOURNE OIL COMPANY**

Address **P. O. BOX 7698, TYLER, TEXAS 75711**

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|-------------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input checked="" type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|-----------|
| Lease Name NEW MEXICO OSAGE "COM" | Well No. 1 | Pool Name, Including Formation Cemetary (Morrow) | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location | | | | |
| Unit Letter 0 ; 1980 Feet From The East Line and 660 Feet From The South | | | | |
| Line of Section 5 Township 20S Range 25E , NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------------|--------------------|--------------------|--|------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, Texas 79761 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Gathering Company | Address (Give address to which approved copy of this form is to be sent) P.O.Box 26400, Albuquerque, N.M. 87125 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 5 | Twp. 20S | Rge. 25E | Is gas actually connected? Yes | When 6/11/75 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|------------------------------|---------------------------------|----------|------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | | | | | | |
| Date Spudded 5/14/74 | Date Compl. Ready to Prod. 7/06/74 | Total Depth 9,630' | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3498.6' GR | Name of Producing Formation Morrow | | Top Oil/Gas Pay 9341' | | Tubing Depth 9271' | | | |
| Perforations 9341' - 9398' | | | Depth Casing Shoe -- | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 12-3/4" | | 300' | | 300 | | | |
| 11" | 8-5/8" | | 1,250' | | 350 | | | |
| 7-7/8" | 4-1/2" | | 9,630' | | 300 | | | |
| 4-1/2" | 2-3/8" | | 9,271' | | | | | |

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.) | |
| | | Post ID-3 | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size 5-29-87 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF chg ETGNM |

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 |

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.

Raylon Thompson
(Signature)

Engineering Operations Secretary
(Title)May 20, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 29 1987**, 19BY **Original Signed By**
Mike Williams
TITLE **Oil & Gas Inspector**

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.