

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

JUL 14 1987

O. C. D.  
ARTESIA, OFFICE

I.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 NEW MEXICO OSAGE "COM"	Well No. 1	Pool Name, Including Formation Cemetery (Morrow)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>O</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>5</u> Township <u>20S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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"/> Gas Company of New Mexico	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 (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.) 7-17-87 chg 67i 86-6	
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/MCF	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.

  
(Signature)  
Engineering Operations Secretary  
(Title)

July 9, 1987

(Date)

## OIL CONSERVATION COMMISSION

JUL 16 1987

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Original Signed By  
Les A. ClementsTITLE \_\_\_\_\_  
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 filed for each pool in multiply completed wells.

RECEIVED  
JUL 13 1987  
OCD  
HOBBS OFFICE