SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE -FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE RECEIVED TRANSPORTER GAS OPERATOR MAY 6 1977 PRORATION OFFICE Operator MEWBOURNE OIL COMPANY O.C.C. Address Tyler, Texas 330 Citizens Bank Building, 75702 Reason(s) for filing (Check proper box) Other (Please explain) Change in name of Operator only New Well Change in Transporter of: Recompletion OII Dry Gas from Mark Production Company Change in Ownership Casinghead Gas Condensate effective MAY 1, 1977 If change of ownership give name Change in operating name only (same ownership). and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 1 Cemetary Morrow Fee S. P. Johnson Location 1980 North Line and 1980 East G Feet From The Feet From The Unit Letter 25 E 20 S Eddy Township Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Company Drawer 175, Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry GasXX, First International Building, Dallas, TX 75270 Gas Company of New Mexico Is aas actually connected? When If well produces oil or liquids, give location of tanks. 5 20S : 25E Yes 6/9/75 G If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE

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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Water - Bbls. Oil-Bbls. Actual Prod. During Test 110 1 **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF

Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION

APPROVED

TITLE .

I. CERTIFICATE OF COMPLIANCE

April 15,

1977

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.

oduction Clerk (Title)

(Date)

This form is to be filed in compliance with RULE 1104.

SUPERVISOR, DISTRICT H

JUN 1

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.