Submit 5 Copies
Appropriate District Office
DISTRICT I O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

P.O. Box 2088

RECEIVED

Form C-104 See Instructions at Bottom of Page

JUN 1 5 1992 OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT.II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-015-22189 Mewbourne Oil Company Address P. O. Box 7698, Tyler, Texas 75711 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective Date: 6/01/92 Dry Gas Oil Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Exxon Co., USA, P. O. Box 1600, Midland, Texas 79702-1600 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Lease Name Kind of Lease Lease No. State XENOREM HONESE New Mexico "CU" State Winchester Upper (Penn) 1 E - 5073Location "C" 660 1980 __ Feet From The North Line and ____ West Unit Letter Feet From The 19S Eddy Range Section 36 Township , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Scurlock Permian Corporation P.O.Box 1183, Houston, Texas 77027 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas **GPM Gas Corporation** Bartlesville, Oklahoma 79762 If well produces oil or liquids, Sec. Unit Twp. Rge. Is gas actually connected? When? give location of tanks. L_C | 19S|28E 12/23/77 **J** 36 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. 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. P.B.T.D. Top Oil/Cas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Gas- MCF Actual Prod. During Test Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls, Condensate/MMCP Length of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is tone and complete to the best of my knowledge and belief. Date Approved JUN 1 5 1992 ignature Gaylon ORIGINAL SIGNED BY Thompson Engr. Oprns. Sec. MIKE WILLIAMS Printed Name SUPERVISOR, DISTRICT IT

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(903)

6/08/92

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

561-2900

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.