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FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR  
PROBATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
AUG 5 08 1984  
O. C. D.  
ARTESIA, OFFICE

MorOilCo, Inc.  
Address

P.O. Drawer J, Artesia, NM 88210

Reason(s) for filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Ownership ☐  
Add Transporter ☒  
Oil ☐  
Casinghead Gas ☒  
Dry Gas ☐  
Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Guajalote State  
Well No.: #1  
Pool Name, including Formation: South Loco Hills-O-G-SA  
Kind of Lease: State, ~~Leasehold~~  
Lease No.: L-1022

Location  
Unit Letter: J, 1980 Feet From The: South Line and 1980 Feet From The: East  
Line of Section: 5 Township: 19S Range: 29E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Crude Oil Purchasing  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 159, Artesia, NM 88210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Company  
Address (Give address to which approved copy of this form is to be sent)  
4001 Penbrook, Odessa, TX 79762  
If well produces oil or liquids, give location of tanks.  
Unit: J, Sec: 5, Twp: 19S, Rge: 29E  
Is gas actually connected? Yes  
When: 7/29/84

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

COMPLETION DATA

Designate Type of Completion - (X)  
Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Diff. Reservoir ☐  
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

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.

*Leslie A. Clements*  
(Signature)

Operator  
(Title)

8/3/84  
(Date)

OIL CONSERVATION COMMISSION

AUG 14 1984

APPROVED  
BY: Original Signed By  
Leslie A. Clements  
TITLE: 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 pressure tests taken on the well in accordance with RULE 110.  
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 change of owner, well name or number, or transporter or other such change of condition.