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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

MECEIVED

Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION AUG $1\ 8\ 1993$ P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM	87410
***** **** ****************************	01710

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	NSP	ORT OIL	AND NAT	TURAL GA	S				
Operator							Well /	PI No.		······································	
Morexco, Inc.							30-	015-248	06		
Post Office Box 481,	Artesia	a. New	Mexi	ico 882 [.]	11_0481						
Reason(s) for Filing (Check proper box)		2, 1.0				r (Please expla	in)				
New Well		Change in									
Change in Operator	Oil Casinghead		Dry Ga Conder		Ef:	fective A	waust 1	, 1993			
If change of operator give name	-					·	<u> </u>	·	02 1020		
and address of previous operator Strata Production Company, P. O. Box 1030, Roswell, NM 88202-1030											
II. DESCRIPTION OF WELL	AND LEA		Dool N	In I1-4*	- - -			 			
Guajalote State				[of Lease Federal or Fe				
Location					~						
Unit LetterJ	:19	980	Feet F	rom The	SLipe	2nd1980) Fe	et From The	E	Line	
Section 5 Township	199	3	Range	29E	, NN	ирм,	F	ddy	·	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	ו או	or Conden			Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	ni)	
Petro Source Partners					9801 Wes	stheimer,	Ste. 9	00, Hou	ston, TX	77042	
Name of Authorized Transporter of Casing GPM Gas Corporation	The state of the s								nl)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually		When		esville,	OK 70004	
give location of tanks.	J	5	19S	29E	Yes		i		29, 1984		
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or p	pool, gi	ve comming!	ing order numb	er:					
Designate Type of Completion	· (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.	I <u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas I	Pay	······································	Tubing Dep	Tubing Depth		
Perforations								Depth Casing Shoe			
								Depui Casir	ng Snoe		
					CEMENTING RECORD			<u></u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
							·		12 J. D. B 27 -	-5 93	
								 	Ahs M	/ 	
V. TEST DATA AND REQUES	T FOR A	HOW	ni n						14) 1		
OIL WELL (Test must be after re					be equal to or	exceed top allo	umble for thi	- 4	. , , 		
Date First New Oil Run To Tank	Date of Tes	1	-7		Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)	jor jwi 24 now	rs.)	
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF				
•	Oil - Bois.	- n			Water - Bois.			Gas- WICF			
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. OPERATOR CERTIFIC	ATE OF	COM	TIAN	VICE	<u> </u>			<u> </u>			
VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				DIL CON	ISERV.	ATION	DIVISIO	N			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
		id beliel.			Date	Approve	d	AUG 2	4 1993		
Reveca Rovinson Signature				By ORIGINAL SIGNED BY							
Rebecca Robinson, Production Analyst Printed Name Title				MIKE WICCIAMS SUPERVISOR, DISTRICT II							
August 18, 1993 (505) 746-6520 Date Telephone No.										· · · · · · · · · · · · · · · · · · ·	

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

- 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.
- 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.