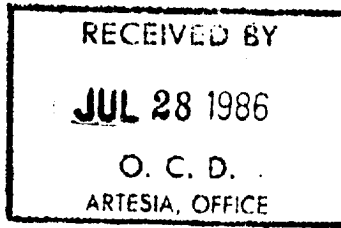


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator MorOilCo., Inc. ✓
Address P.O. Drawer I Artesia, NM 88211-0269
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): CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-30-86 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hamon State</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>Wildcat Bone Spring</u>	Kind of Lease State, <u>XXXXXX</u>	Lease No. <u>LG-8347</u>
Location Unit Letter <u>L</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Pet. Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pembroke Dallas, Tx. Post FD-2</u>	
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>5</u> Twp. <u>19S</u> Rge. <u>29E</u>	Is gas actually connected? <u>No</u>	When <u>8-1-86</u> <u>Comp + BK</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Frank S. Murray
(Signature)
Operator
(Title)
July 18, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 30 1986, 19 _____
BY Original Signed By
Les 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 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.

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		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
3/29/86	4/21/86		9030'			8970'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3394.2' GL	Bone Spring		7464'			7920'			
Perforations						Depth Casing Shoe			
7676' - 7766' 9 .42 holes (random)						8970'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	347'	350 sx Cl "C" Circ. 90 sx
12-1/4"	8-5/8"	1060'	350 sx Halco-Lite. 200 sx
			Cl "C" Circ. 87 sx to pit
7-7/8"	5-1/2"	9030'	1st st. 350 sx 50/50 poz;
			2nd sg. 200 sx Cl "H" 870
			sx Poz "H".

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.)	
6/11/86		6/11/86		Pumping	
Length of Test		Tubing Pressure		Casing Pressure	Choke Size
24 hours		45#		100#	26/64
Actual Prod. During Test		Oil-Bble.		Water-Bble.	Gas-MCF
		60		0	100

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

*Tubing Record

Hole Size

Tubing Size

Depth

2-7/8"

7920'