

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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

Form C-104
Supersedes Old C-101 and C-
Effective 1-1-65
RECEIVED

JAN 17 '89

O. C. O.
ARTESIA, OFFICE

Operator	Morexco, Inc. ✓
Address	P. O. Box 481, Artesia, NM 88210

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
JMD State	3	Und. W. Millman-GR	State, Federal or Fee State	K-4222
Location				
Unit Letter	J	2310 Feet From The East	Line and 1650	Feet From The South
Line of Section	12	Township 19S	Range 27E	, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 838, Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Company	Bartlesville, OK					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	12	19S	27E	Yes	1-1-89

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 Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-17-88	12-29-88	2050'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3495' Grd.	Arky.	1796'	1879'					
Perforations	Depth Casing Shoe							
1796'-1800, 1810'-1824', 1836'-1840' w/4 shots per ft.								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	312'	300 SXS.
7 7/8"	5 1/2"	2037'	375 SXS.
	2 3/8"	1879'	

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 all able 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.)	Choke Size
1-1-89	1-1-89	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	
24 hrs.			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	25	0	10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Agent	(Signature)
1-13-89	(Title)

OIL CONSERVATION COMMISSION

APPROVED	JAN 24 1989	, 19
BY	Original Signed By	
	Mike Williams	
TITLE		

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes in well name or number or transporter or other such change or addition.