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

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

State of New Mexico

gy, Minerals and Natural Resources Departm

## Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ĭ.	TO	TRAN	SPORT OIL	AND NA	TURAL G	AS			
Operator					Well API No.				
Mewhourne Oil Comm	10977 January 30-			015-27049					
Mewbourne Oil Company 107 30-015-27049									
P.O. Box 5270 Hot	hs New	Mexico	88240	4					
Reason(s) for Filing (Check proper box)				Oth	er (Please expl	ain)			
New Well Change in Transporter of:									
Recompletion Oil Dry Gas									
Change in Operator Casinghead Gas Condensate									
If change of operator give name									
and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE									
ease Name Well No. Pool Name, Including For								Lease No.	
Angell Ranch "26" State	"26" State   1   A <del>ngell Ranç</del> h <u>Atoka</u>					W) State	fxækkxdfxfkeX	648	
Location Wildeat									
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line									
						Eddy County			
Section 26 Township 19S Range 27E					, NMPM,			County	
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)									
COO Paul						address to which approved copy of this form is to be sent)			
El Paso Natural Gas	Lyria Le	- Im		600 Bank of Southwest, Midland, Tx. 79701					
if well produces oil or liquids,	rell produces oil or liquids, Unit Sec. Twp. Rge. location of tanks. A 26 198 27E								
			9\$ 27E		<u>Yes</u>		10/09/9	<u> </u>	
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA									
IV. COMILETION DATA	10	il Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion -		11 44011	l v	X X	l workover	Dapa	l Hag Daok Jou	1	
Date Spudded	Date Compl. R	eady to Pr	od.	Total Depth		L	P.B.T.D.		
•	•	1/92		1	1 0301			10,978'	
08/16/92 Elevations (DF, RKB, RT, GR, etc.)	Name of Produ		ation	Top Oil/Gas Pay			Tubing Depth	10,770	
3520'DF 3521'KB 3506'GR Morrow				10,854'			10,790'		
Perforations							Depth Casing S	hoe	
10,854'-10,862' 10,868'-10,874' 10,880'-10,888								10,978'	
TUBING, CASING AND									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
17 1/2"	13-3/8" 48#			314'			520 sks. circ.		
12-1/4"	8-5	78"	24#	22001			1155 sks. circ.		
7-7/8"	5-1	/2"	17# & 20#		11,025'		1910 sks. circ.		
5-1/2"	2-7	78"	6.4#	10,790'					
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.)									
				Casing Pressure Choke Size				1-1-73	
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			They The	
	Oil - Bbls.			Water - Bbls	Was Dis				
Actual Prod. During Test				Water - Bois.			Gas- MCF		
	<u> </u>								
GAS WELL							10 :	<b>-</b>	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
50	24 hours			Casing Pressure (Shut-in)			Choke Size	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			_			1	1/4"	
Back Pressure	2300#			Pack	Packer 1/			4"	
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				Date Approved DEC 2 8 1992					
is true and complete to the best of my knowledge and belief.  Date Approved									
$\Lambda$									
-//10-//					By Mhhllhm				
Signature								T U	
Printed Name  Title SUPERVISOR, DISTRICT II							і п.		
Erick W. Nelson			ineer						
Date 11/12/92		(5 <b>(15)</b> eph	<b>993</b> 4.5905						

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.