

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 13 '89

O. C. D.
ARTESIA, OFFICE

SANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

Operator Mewbourne Oil Company

Address P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "N"	Well No. 1	Pool Name, including Formation Hackberry Hills (Canyon)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-71752
Location Unit Letter M ; 660 Feet From The West Line and 467 Feet From The South Line of Section 6 Township 22S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, 501 E. Main St., Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 600 Bank of Southwest, Midland, Texas 79701
If well produces oil or liquids, give location of tanks. Unit M Sec. 6 Twp. 22S Pge. 26E	Is gas actually connected? When No 4-21-89

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

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 9/04/88	Date Compl. Ready to Prod. 10/26/88	Total Depth 11,500'	P.B.T.D. 11,478'					
Elevations (DF, RKB, RT, GR, etc.) KB 3611', DF 3609', GL 3595'	Name of Producing Formation Canyon	Top Oil/Gas Pay 9,780'	Tubing Depth 9,709'					
Perforations 9,780-9,808'	Depth Casing Shoe --							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	450'	650					
12-1/4"	9-5/8"	2,590'	600					
8-3/4"	5-1/2"	11,500'	2,620					
5-1/2"	2-3/8"	9,709'						

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 4 1/2 hrs 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 820	Length of Test 24 hours	Bbls. Condensate/MMCF 3	Gravity of Condensate 67°
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1000#	Casing Pressure (shut-in) ---	Choke Size 38/64"

VI. 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.


(Signature)
Engineering Operations Secretary
(Title)
2/10/89
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1989
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 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.