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

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

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JN 22 30

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 QC D. REQUEST FOR ALLOWABLE AND AUTHORIZATION N OFFICE TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Mewbourne Oil Company 30-015-26246 Address P. O. Box 7698, Tyler, Texas 75711 Reason(s) for Filing (Check proper box) Other (Please explain) X 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 Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. FEDERAL "Q" Avalon Morrow KANK Federal of Fex NM-81606 Location 660 Feet From The West Line and 990 Unit Letter ____ __ Feet From The ___South __Line Section 28 Township 20S Range 27E, NMPM, Eddy 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) KXNavajo Refining Company P.O.Drawer 159, 501 E.Main St.Artesia, N.M. 88210 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas [XX] El Paso Natural Gas Company 300 Bank of Southwest, Midland, Texas 79701 If well produces oil or liquids, Unit Twp. Rge. Is gas actually connected? When? vive location of tanks. 28 20S 127E I_M Yes 5/07/90 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) X Date Spudded Date Compl. Ready to Prod. Total Depth PRTD 12/02/89 2/23/90 10,750' 10,930' Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth GR 3221', DF 3234.8' Morrow 10,641' 10,507' Perforations Depth Casing Shoe 10,642-646', 10,656-668' TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** DEPTH SET **SACKS CEMENT** 17-1/2" 13-3/8" 463' 600 - Circulated $\frac{12-1/2}{1}$ 9-5/8" 2,330' 1200 - Circulated 7-7/8" 5-1/2" 10,930' 10,507' 950 - Circulated $\frac{5-1/2"}{2}$ 5-1/2" 2-7/8"
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.) Post #0-2 Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test 7-20-90 Length of Test Tubing Pressure Casing Pressure Choke Size Camp & BH Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 2,300 24 hours Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size <u>Back Pressure</u> <u> 1400#</u> 15/64" 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 is true and complete to the best of my knowledge and belief. 9 1990 JUL Date Approved _ ORIGINAL SIGNED BY or Thompson, Gayl ering Operations Sec. MIKE WILLIAMS Printed Name Title SUPERVISOR, DISTRICT IF

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

(214) 561

June 7.

1990

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

2900Telephone No.

- 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.