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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company	Well API No. 30-015-26246
Address P. O. Box 7698, Tyler, Texas 75711	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "Q"	Well No. 1	Pool Name, Including Formation Avalon Atoka	Kind of Lease State Federal or Tex	Lease No. NM-81606
Location Unit Letter M : 660 Feet From The West Line and 990 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 <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) Drawer 159, 501 E. Main St. Artesia, N.M. 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. 28	Twp. 20S	Rge. 27E	Is gas actually connected? Yes	When? 5/07/90

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 5/12/91	Date Compl. Ready to Prod. 5/14/91		Total Depth 10,930'			P.B.T.D. 10,520'		
Elevations (DF, RKB, RT, GR, etc.) GR 3221', DF 3234.8'	Name of Producing Formation Atoka		Top Oil/Gas Pay 9,976'			Tubing Depth 9,987'		
Perforations 9976-9986'				Depth Casing Shoe ---				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		463'		600 - Circulated			
12-1/2"	9-5/8"		2,330'		1200 - Circulated			
7-7/8"	5-1/2"		10,930'		950 - Circulated			

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.) Post ID-2 8-2-91 Comp Atk	
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 1,336 MCF	Length of Test 24 hours	Bbls. Condensate/MMCF 14	Gravity of Condensate 55°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3275#	Casing Pressure (Shut-in) --	Choke Size 7/64"

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

Signature
Gaylon Thompson, Engr. Opns. Secretary
Printed Name
May 28, 1991
Date
(903) 561-2900
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 24 1991

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.