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Appropriate District Office
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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

RECEIVED Form C-104
Revised 1-1-89
See Instructions
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APR - 1 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mewbourne Oil Company ✓	Well API No. 30-015-26451
Address P. O. Box 7698, Tyler, Texas 75711	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" 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 "V"	Well No. 1	Pool Name, including Formation BURTON FLAT MORROW GAS	Kind of Lease State, Federal or Fee	Lease No. NM-83584
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2200</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company		P.O. Box 1188, Houston, Texas 77251				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 8	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When? April, 1991
If this production is commingled with that from any other lease or pool, give commingling order number: <u>No</u>						

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 9/17/90	Date Compl. Ready to Prod. 1/22/91		Total Depth 11,210'		P.B.T.D. 11,044'			
Elevations (DF, RKB, RT, GR, etc.) DF 3306', KB 3308'	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,011'		Tubing Depth 10,962'			
Perforations 11,011-036' 2 SPF, 26 holes					Depth Casing Shoe ---			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		459'		Post TD-2 375 - Circ			
12-1/4"	8-5/8"		3050'		5-21-91 1450 - Circ			
7-7/8"	5-1/2"		11203'		comp & BK 1000 - Circ			

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.)	
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 700	Length of Test 24 hours	Bbls. Condensate/MMCF 1 BC	Gravity of Condensate 55°
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1400#	Casing Pressure (Shut-in) ---	Choke Size 32/64"

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
Printed Name Gaylon Thompson, Engr. Oprns. Sec.
Date March 26, 1991 Telephone No. (903) 561-2900

OIL CONSERVATION DIVISION

Date Approved MAY 29 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.