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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 22 1991

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Mewbourne Oil Company	Well API No. 30-015-26701
Address P. O. Box 7698, Tyler, Texas 75711	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input 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"/> Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BURTON FLAT "7" FEDERAL	Well No. 1	Pool Name, Including Formation BURTON FLAT MORROW-GAS	Kind of Lease State, Federal or Fee	Lease No. NM-83583
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>7</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 checked="" type="checkbox"/> Pride Companies, L.P.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 1188, Houston, Texas 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>7</u>	Twp. <u>20S</u>	Rge. <u>28E</u>	Is gas actually connected? Yes	When? June 15, 1991

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>	<u>X</u>					
Date Spudded 4/10/91	Date Compl. Ready to Prod. 5/09/91		Total Depth 11,190'		P.B.T.D. 11,130'			
Elevations (DF, RKB, RT, GR, etc.) KB 3319', DF 3318', GR 3304'	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,030'		Tubing Depth 10,982'			
Perforations 11,030'-11,050', 20' 2 SPF, 41 holes					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		445'		375			
12-1/4"	8-5/8"		2,961'		1350			
7-7/8"	5-1/2"		11,171'		2289			
	<u>1 7/8</u>		<u>10,982</u>					

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 940	Length of Test 24 hours	Bbls. Condensate/MMCF 15,666:1	Gravity of Condensate 46° @ 60°
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3040#	Casing Pressure (Shut-in) Packer	Choke Size 14/64"

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
July 19, 1991 (903) 561-2900
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 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.

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