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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

AUG 21 1991

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Mewbourne Oil Company	Well API No.	30-015-26702
Address	P. O. Box 7698, Tyler, Texas 75711		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
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"/>		

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	FEDERAL "V"	Well No.	2	Pool Name, Including Formation	Under Bone Springs (Oil)	Kind of Lease State, Federal or Fee	Lease No.	NM-83584
Location	Unit Letter B : 2210 Feet From The East Line and 660 Feet From The North Line							
Section	8	Township	20S	Range	28E	NMPM	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	P.O.Box 1188, Houston, Texas 77251					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 8	Twp. 20S	Rge. 28E	Is gas actually connected?	Yes	When?	June, 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	5/04/91	Date Compl. Ready to Prod.	6/19/91	Total Depth	6330'	P.B.T.D.	6257'	
Elevations (DF, RKB, RT, GR, etc.)	DF 3303', GL 3293'	Name of Producing Formation	1st Bone Springs	Top Oil/Gas Pay	6038'	Tubing Depth	5951'	
Perforations	6038-6131' - 66' - 1 SPF - 73 holes						Depth Casing Shoe	---
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	400'	315 Part ID-2					
7-7/8"	5-1/2"	6331'	1535 8-30-91					
	2 7/8	5951'	Temp 4 BK					

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	6/20/91	Date of Test	8/16/91	Producing Method (Flow, pump, gas lift, etc.)	Flowing		
Length of Test	24 Hours	Tubing Pressure	1100#	Casing Pressure	Packer	Choke Size	16/64"
Actual Prod. During Test		Oil - Bbls.	30	Water - Bbls.	88	Gas - MCF	1400

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. Secretary
Date August 20, 1991 Telephone No. (903) 561-2900

OIL CONSERVATION DIVISION

Date Approved AUG 27 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.