

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-85

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
 Mewbourne Oil Company

Address
 P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name GULF-STATE	Well No. 1	Pool Name, Including Formation D-K ABO	Kind of Lease State, Federal or Fee State	Lease No. NM L-2950
Location Unit Letter E ; 1980 Feet From The North Line and 330 Feet From The West Line of Section 36 Township 20 South Range 38 East , NMPM, Lea 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"/> Getty Trading and Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit E Sec. 36 Twp. 20S Rge. 38E	Is gas actually connected? Yes When _____

If this production is commingled with that from any other lease or pool, give commingling order number: **R-8613 ANC**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X			X	X
Date Spudded 5/02/72	Date Compl. Ready to Prod. 9/04/87	Total Depth 7420'	P.B.T.D. 7400'					
Elevations (DF, RKB, RT, GR, etc.) 3570 GL	Name of Producing Formation Abo	Top Oil/Gas Pay 7080'	Tubing Depth 7304' SN					
Perforations 7080-7184'	Depth Casing Shoe ---							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1675'	730					
8-5/8"	4-1/2"	7420'	400					
4-1/2"	2-3/8"	7304'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for 1/4th depth or be for full 24 hours)

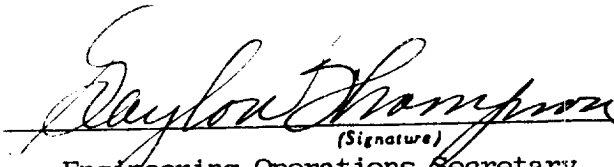
Date First New Oil Run To Tanks 9/08/87	Date of Test 3/15/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 10	Gas - MCF 3

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 Engineering Operations Secretary
 (Title)
 March 22, 1988
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 29 1988**, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**

TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

KOBBS OFFICE

MAR 25 1988

RECEIVED