

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
Supersedes Old C-104 and
Effective 1-1-85
AUG 20 1984
O. C. D.
ARTESIA, OFFICE

SANTA FE		
FILE	<input checked="" type="checkbox"/>	
U.S.G.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input checked="" type="checkbox"/>	
OPERATOR		<input checked="" type="checkbox"/>
PRORATION OFFICE		

Operator MEWBOURNE OIL COMPANY

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

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>PETERSON "COM"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>RED LAKE PENN</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
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Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East
 Line of Section 7 Township 18 South Range 27 East, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co. 4001 Sand Creek Avenue, Tulsa, Ok 74111
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico P.O. Box 26400, Albuquerque, N.M. 87125

If well produces oil or liquids, give location of tanks. Unit J Sec. 7 Twp. 18 Rge. 27 Is gas actually connected? Yes When 7-3-74

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	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

*Post ID-2
8-24-84
Liz. GT*

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

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.

Raymond Thompson
(Signature)
Exploration Secretary
August 17, 1984
(Date)

OIL CONSERVATION COMMISSION
AUG 22 1984

APPROVED _____, 19____
 BY Ledia A. Clements
 TITLE Supervisor District II

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.