

Submit 5 Copies
Appropriate District Office
DISTRICT I
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

MAY - 6 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. 30-015-26654
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 LOCO HILLS STATE	Well No. 2	Pool Name, Including Formation Walters Lake Bone Springs Und. Bone Springs (Oil)	Kind of Lease State, Federal or Fee	Lease No. B-7071-15
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Suite 550, 10 Desta Dr. E. Midland, Texas 79705			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>2</u>	Twp. <u>18S</u>	Rge. <u>30E</u>
Is gas actually connected?	When?		<u>5-18-91</u>	
<u>Yes</u>	<u>Within 2 weeks</u>			

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

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 <u>3/13/91</u>	Date Compl. Ready to Prod. <u>4/25/91</u>	Total Depth <u>7235'</u>		P.B.T.D. <u>7190'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3518' GR</u>	Name of Producing Formation <u>Bone Springs</u>	Top Oil/Gas Pay <u>6858 - 6846'</u>		Tubing Depth <u>6756'</u>				
Perforations <u>6858-76', 6882-86', 6892-6929', 6935-48' - 76 holes</u>						Depth Casing Shoe <u>7235'</u>		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>526'</u>		<u>500 - Circ</u>			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>3630'</u>		<u>1700 - Circ</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>7235'</u>		<u>1030 - Circ</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 <u>4/26/91</u>	Date of Test <u>4/29/91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>140#</u>	Casing Pressure <u>---</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test <u>288 Bbls</u>	Oil - Bbls. <u>129</u>	Water - Bbls. <u>159</u>	Gas - MCF <u>300</u>

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
Gaylon Thompson Engr. Oprns. Sec.
Printed Name Title
Date 4/30/91 Telephone No. (903) 561-2900

OIL CONSERVATION DIVISION

JUN 18 1991

Date Approved _____

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.

