

REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-104A
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Revised

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

I.

Operator Mission Exploration, Inc.	
Address P. O. Box 2188 Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Gas Pipeline Connected	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mission "14" State	Well No. 1	Pool Name, Including Formation Inbe (Permo-Penn)	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter I	554	Feet From The East	Line and 1986	Feet From The South
Line of Section 14	Township 10S	Range 33E	NMPM,	Lea
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Amoco Production Company	Box 1183 Houston TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company	Box 1589 Tulsa, OK 74101					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14	Twp. 10S	Rge. 33E	Is gas actually connected? yes	When 6-23-82

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'n. <input type="checkbox"/>	Diff. Res't'n. <input type="checkbox"/>
Date Spudded 12-01-81	Date Compl. Ready to Prod. 4-8-82	Total Depth 9733'	P.B.T.D. 9733'					
Elevations (DF, RKB, RT, GR, etc.), 4204.0' GR	Name of Producing Formation Bough C	Top Oil/Gas Pay 9502'	Tubing Depth 9713'					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	409'	580sx					
11	8 5/8"	4197'	1470sx					
7 7/8"	5 1/2"	9734'	1050sx					
	2 7/8"	9713'						

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-14-82	Date of Test 4-30-82	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. 10 bbls	Water - Bbls. 30 bbls	Gas - MCF 5

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. 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.

J. M. C. M. C. K.
(Signature)

Agents for Mission Exploration Inc.

June 25, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 28 1982, 19
ORIGINAL SIGNED BY
BY JERRY SEXTON
TITLE DISTRICT 1 SUPR.

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

RECEIVED

JUN 28 1982

O.C.D.
HOBBS OFFICE