

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

REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Mission Exploration, Inc.	
Address P.O. Box 2188 Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/1/82 UNLESS AN EXCEPTION TO R-400 IS OBTAINED.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 Vada (Penn) <i>State Lease</i>	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>I</u> ; <u>554</u> Feet From The <u>East</u> Line and <u>1986</u> Feet From The <u>South</u> Line of Section <u>14</u> Township <u>10S</u> Range <u>33E</u> , NMPM, <u>Lea</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"/>	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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 14 10S 33E No

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 checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res <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 9502 9702			Depth Casing Shoe 9734'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	409'	580
11"	8 5/8"	4197'	1470
7 7/8"	5 1/2"	9734'	1050
	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 all  
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 hrs.	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 (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.

*John M. Sexton*  
(Signature)  
*Agent for Mission Exploration*  
(Title)  
*May 20, 1982*  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 28 1982, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 deviat  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condit  
Separate Forms C-104 must be filed for each pool in multi  
completed wells.