

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator: MIMS TEXAS OIL & GAS COMPANY C/O RALPH DREYER, ATTORNEY

Address: 40 WEST TWOHIG, SUITE 402, SAN ANGELO, TEXAS 76903

Reason(s) for filing (Check proper box):

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☒ Change in Ownership

Other (Please explain):

If change of ownership give name and address of previous owner: LYNX PETROLEUM CONSULTANTS, INC., P.O. BOX 1666, HOBBS, NM 88241

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name MORGAN A Federal	Well No. 6	Pool Name, including Formation CHAVEROO SAN ANDRES	Kind of Lease FEDERAL State, Federal or Fee	Lease No. NM-0558287
Location				
Unit Letter I	1980	Feet From The S	Line and 660	Feet From The E
Line of Section 27	Township 7S	Range 33E	, NMPM, ROOSEVELT County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

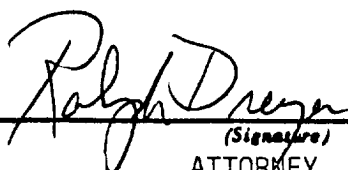
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MOBIL PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 900, DALLAS, TEXAS 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> OXY NGL, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 300, TULSA, OKLAHOMA 74102
If well produces oil or liquids, give location of tanks.	Unit: 0 Sec: 27 Twp: 7 Rge: 33
Is gas actually connected?	When: CONTINUOUS

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)


ATTORNEY

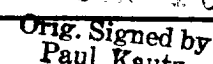
(Title)

9-14-88

(Date)

OIL CONSERVATION DIVISION

APPROVED  1988, 19

BY   
Geologist

TITLE \_\_\_\_\_

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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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

**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 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

**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