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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

HOWMEICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-102
Effective 1-1-65

Operator MorOilCo, Inc.	
Address Drawer I, Artesia, N.M. 88210	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of Oil ☒
Recompletion ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Miller Federal	Well No. #3	Pool Name, Including Formation Tom Tom San Andres	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 046153A
Location Unit Letter G ; 1980 Feet From The N Line and 1980 Feet From The E Line of Section 33 Township 7 Range 31, N.M.M., Chaves County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ KOCH Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1558, Breckenridge Texas 76024					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 0	Sec. 33	Twp. 7	Rge. 31	Is gas actually connected? no	When

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Some Heavey, Light Heavey ☐
Date spudded 3-8-78	Date Compl. Ready to Prod. 3-22-78		Total Depth 4020		P.B.T.D. 3999		
Elevations (DF, RKB, RT, GR, etc.) 4286'GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3830		Testing Depth 3786		
Perforations 3830-34, 3858-60, 3878-82					Depth Casing Shoe 4019		
TUBING, CASING, AND CEMENTING RECORD							
POLE SIZE 11	CASING & TUBING SIZE 8 5/8		DEPTH SET 1434		SACKS CEMENT 275sx.HOWCO Lite & 100sx.Cl.C.circ.20sx 100sx.Class C 50/50 Poz		
	4 1/2		4019				

5. 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)

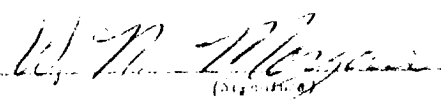
Date First New Oil Run To Tanks	Date of Test	Fracturing Method (pilot, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Boils.	Water-Boils.	Gas-MCF

6. GAS WELL

Actual First Test-MCF/D	Length of Test	Boils. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, gas lift, etc.)	Testing Pressure (Boils-In)	Casing Pressure (Shut-In)	Choke Size

7. 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.


President

OIL CONSERVATION COMMISSION	
APPROVED	SEP 5 1978
Orig. Signed by Jerry Sestan Dist. 1, Supv.	
TITLE	

This form is to be filed in compliance with HOWCO 1104.
If this is a well set for allowable for a newly drilled or deepened well, this form must be accompanied by a well log of the well to be drilled on the well in accordance with HOWCO 111.