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Superior District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APR 2 '90

I. Operator Morexco Well API No. 0 C. D.
Address P. O. Box 481 - Artesia, New Mexico 88210 ARTESIA, OFFICE

Reason(s) for Filing (Check proper box) Change in Transporter of: Other (Please explain)
New Well Effective date of change of operator
Recompletion Oil Dry Gas 4-1-90
Change in Operator XX Casinghead Gas Condensate
If change of operator give name and address of previous operator Union Oil Company of California - P. O. Box 671 - Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tom "36" State Well No. 2 Pool Name, Including Formation Tomahawk San Andres Kind of Lease State, Federal or Fee Lease No. L-5120
Location Unit Letter H 1980 Feet From The north Line and 660 Feet From The east Line
Section 36 Township 7-S Range 31-E NMPM Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XXX or Condensate Address (Give address to which approved copy of this form is to be sent)
Permian Corporation P. O. Box 3119 - Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company Bartlesville, Oklahoma 74003
If well produces oil or liquids, give location of tanks. Unit A Sec. 36 Twp. 7-S Rge. 31-E Is gas actually connected? Yes When? December 21, 1979
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	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

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 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

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 Steve Sell
Printed Name STEVE SELL
Date 3/29/90
Title 1505746-6520
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title

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.