SANTA FE 1.

(Date)

NEW MEXICE OIL CONSERVATION COMMISSION

Form C-104

| FILE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-11 Effective 1-1-65 |
|--|---|---|--|
| U.S.G.S. | AUTHORIZATION TO TR | AND | |
| LAND OFFICE | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | GAS |
| 011 | | | |
| TRANSPORTER GAS | | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | | | |
| MEWBOURNE | OIL COMPANY | | |
| Address | | | |
| 330 Citize | ns Bank Building, Tyler, 1 | Texas 75702 | |
| Reason(s) for filing (Check proper | box) | Other (Please explain) | |
| New Well | Change in Transporter of: | | of Operator only |
| Recompletion | OII Dry G | | <u> </u> |
| Change in Ownership | Casinghead Gas Conde | ensate effective MA | 1, 19// |
| If change of ownership give nam- | Change in enemating | a name enly (seme ermens | hin) |
| and address of previous owner _ | Change in Operacing | g name only (same owners | птр). |
| U DECENIENCE OF WELL AN | ID 7 7 4 5 7 | | |
| II. DESCRIPTION OF WELL AN | Well No. Pool Name, Including I | Formation Kind of Leas | Se Legge No |
| State "A" Com | 1 Cerca/Upper | | LG-10029 & |
| Location Com | т остан, оррег | | L-3374 'Com' |
| Unit Letter N ; | 2130 Feet From The West Li | ne and 660 Feet From | The South |
| Unit Letter N; | 2130 Feet From The West Li | ne and 600 Feet From | The Boats |
| Line of Section 8 | Township 14 S Range | 34 E , NMPM, | Lea County |
| | | | |
| | RTER OF OIL AND NATURAL GA | | |
| Name of Authorized Transporter of | | Address (Give address to which appro | - |
| Amoco Production Co | | Box 3119, Midland, | |
| Name of Authorized Transporter of Casinghead Gas XX or Dry Gas | | Address (Give address to which approved copy of this form is to be sent) | |
| Warren Petroleum Co | | Box 1589, Tylsa, Ok | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | | nen |
| give location of tanks. | N 8 14 34 | Yes | |
| | with that from any other lease or pool, | give commingling order number: | · |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Designate Type of Comple | | 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. |
| Date Spaced | Date Compt. Ready to Frod. | Total Depti. | 1.3.1.2. |
| Elevations (DF, RKB, RT, GR, etc. | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| (21, ALZ, A1, OK, ELZ. | , | | |
| Perforations | | <u> </u> | Depth Casing Shoe |
| | | | |
| | TUBING, CASING, AN | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| | | <u>i </u> | |
| . TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a | | and must be equal to or exceed top allow- |
| OIL WELL | | epth or be for full 24 hours) Producing Method (Flow, pump, gas li | (6 ctc.) |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas is | ji, etc.) |
| Locally of Trees | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Test | I dbing riesade | Casing 1 ressau | 0.1020 |
| Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF |
| , , , , , , , , , , , , , , , , , , , | | | 1 |
| 1 | | <u> </u> | |
| 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 |
| | | | |
| . CERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | TION, COMMISSION |
| | | IIIN 9 n | 1077 |
| 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. Marforie Signature Sig | | APPROVED, 19 | |
| | | Orig. Signed by | |
| | | JOSTY Sections | |
| | | TITLE Dist is SUPV | |
| | | 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 accompatests taken on the well in accompa | nied by a tabulation of the deviation |
| Production Clerk | | | |
| C | Title) | All sections of this form must be filled out completely for allowable on new and recompleted wells. | |
| April 15, 1977 | | Fill out only Sections I, II, III, and VI for changes of owner, | |

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.