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Appropriate 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

*						AUTHORIZ					
I. Operator	10	TRANS	SPC	ORT OIL	. AND NA	TURAL GA		API No.			
Morexco, Inc.							Well 7	AFI NO.			
P. O. Box 481,	Artesia,	New	Me	xico	88211						
Reason(s) for Filing (Check proper box) New Well	σ.				Oth	er (Please explo	in)				
Recompletion	Oil Cha	inge in Tra									
Change in Operator	Casinghead Ga		y Gas mdeni	_	Change	effect	ive 4-	1-92			
If change of operator give name and address of previous operator		<u> </u>	ALGCAL.								
II. DESCRIPTION OF WELL	AND LEASE	2					·				
Lease Name McElvain Fed. S	Well No. Pool Name, Includi				ng Formation Kind o			Lease Fed. Lease No.			
Location Fed. 5	ec. 25 1 E-K-Y				ates-SR-QN State, 1			Federal or Fee NM-0245247			
Unit Letter B	660	Fe	et Fro	om The	N Lin	e and1	980F	et From The	E	Line	
Section 25 Townsh	<sub>ip</sub> 18 S	Ra	inge		33E , N	МРМ,		I.	ea	County	
III. DESIGNATION OF TRAN	SPORTER (	OF OIL	<u>A</u> NI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Koch Oil Company					1801	W. Tex	as, Mi	dland, TX 79701			
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec	•	γp. 3 S	Rge.   33E	Is gas actual No G	ly connected?	When	?			
If this production is commingled with that	from any other le	ase or poo	d, giv								
IV. COMPLETION DATA			<del></del>		1	1	· · · · · · · · · · · · · · · · · · ·	·	<del>-,</del>		
Designate Type of Completion	ı - (X)	il Well	İ.	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					CEMENT	NG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V TECT DATA AND DEOUE	CT FOR ALL	OWAD	T TO								
V. TEST DATA AND REQUE OIL WELL (Test must be after				oil and must	he equal to o	r exceed top all	oughle for thi	e denth or he	for full 24 hou	-a 1	
Date First New Oil Run To Tank	Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressur	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL	_1	· · ·			.1	<del></del>					
Actual Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
	<u> </u>				<u> </u>			1	<del></del>	····	
VI. OPERATOR CERTIFIC		_		ICE			ICEDV	ATION	חוויופור	<b>N</b> I	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAR 25 '9.'						
					Date	e Approve	:a				
Revecca Cls					ll p.	25797 <i>8</i> 7 534	r i gagastani.	Char Immon	V CENTAL!		
SignRedbecca Olson Production Analyst					By ORIGINAL SIGNED BY JERRY SEXTON  OBSTRUCT I SUPERVISOR						
Printed Name March 23, 1992	(505) 74	6-65 <sup>T7</sup>	žδ		Title	)			<u></u> :		
Date		Telepho	one N	ło.							

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.