Submit 5 Copies
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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TO	TRANS	SPORT OIL	AND NA	ΓURAL GA	AS .				
Operator Morexco, Inc.						API No.				
Address P. O. Box 481, A	rtesia,	New	Mexico 8	8211					· · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box)				Oth	er (Please expla	2in)			-	
New Well	Char	ige in Tra	nsporter of:		. ,	,				
Recompletion		7.7	y Gas							
Change in Operator	Casinghead Gas			hange	effecti	ive 4-1	-92			
If change of operator give name and address of previous operator									· ·	
II. DESCRIPTION OF WELL										
Lease Name McElvain Fed. Bty. 1 Well No. Pool Name, Includi 2 E-K-Yat					ng Formation Kind of Lease Fed. Lease No. State, Federal or FeeNM-0245247					
Location Unit Letter B	. 660	Co.	et From The	N ,	. 19	980		E		
Section 30 Townshi	n 18S		3	4 E	and	Fe	et From The		Line	
TOW BALL	E		-8		MPM,		Le	:a	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		ondensate			e address to wi	hick approved	conv of this 4	orm is to L		
Koch Oil Company	7-									
Name of Authorized Transporter of Casinghead Gas or Dry Gas				1801 W. Texas, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit Sec.	Tw	m n	In eas :						
give location of tanks.	B 30	•					hen ?			
If this production is commingled with that				No Ga	S					
IV. COMPLETION DATA	from any other lea	ise or poor	i, give commingli	ng order num	Der:					
Designate Type of Completion	- (X)	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.		1,	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
· · · · · · · · · · · · · · · · · · ·	TUB	ING, CA	ASING AND	CEMENTI	NG RECOR	D C				
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
						·				
V mnom Dama AND DECAMO		~ ***							-	
V. TEST DATA AND REQUES										
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	olume of l	oad oil and must		exceed top allo ethod (Flow, pr			for full 24 hou	rs.)	
Length of Test	Tubing Pressure			Casing Press	l TP	-	Choke Size			
Actual Prod. During Test										
Actual Flots. During 1681	Oil - Bbls.			Water - Bbls.			Gas- MCF			
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			
VII OPER A BOR CONT	1			<u> </u>						
VL OPERATOR CERTIFIC				11	N. 001	IOED\		D. 11016		
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			MAR 2.5							
is true and complete to the best of my	knowledge and be	lief.		Date	Approve	ad	N H	ل به		
				Dale	Approve	·u		Z () Y COXTON		
Reliecca Olson				_	, i i i i		3 34 JURS	TOWN THE		
Si Re becca Olson P	roductio			∥ By_		<u> </u>	<u> </u>	, i , i , i , i , i , i , i , i , i , i	····	
Printed Name March 23, 1992 (505) 746	-6520	lle)	Title					· · · · · · · · · · · · · · · · · · ·	
Date		Telepho	one No.							

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.