Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

I.	HEQUEST F TO TR	ANSPORT C	ABLE AN DIL AND N	D AUTHO! JATURAL (RIZATION Bas	1		
Operator Mewbourne Oi	Well API No. 30-025-24382							
Address						00-025-	24382	
P. O. Box 76 Reason(a) for Filing (Check proper box New Well	x)			Other (Please ex	plain)			
Recompletion Change in Operator	Oil [n Transporter of: Dry Gas]					
If change of convenient	Casinghead Gas						 -	
and address of previous operator 11. II. DESCRIPTION OF WEL	ewis B. Burl	eson, Inc	S., P.().Box 24	79, Mi	dland,	Texas	79702
Lease Name	Well No.	Pool Name, Inclu	ding Formatic		l Via	d of Lease		
ANADARKO FEDERAL	L 2				X Federal oXXX			
Unit LetterK	: 1650	Feet From The	South 1	ine and $\underline{}$	980	Feet From The _	West	tLine
·	ship 18 South		0 - 4	NMPM,			ea	County
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATI	IRAL GA	9				county
Name of Authorized Transporter of Oil The Permian Corpe	Of Conden	isate	Address (C	ive address to w	vhich approve	d copy of this fo	rm is to be:	seni)
Name of Authorized Transporter of Casinghead Gas TVV or Dev Co. C			$P \cdot O \cdot BOX$ 1183, Houston, Texas 77251					251
Manual Cas Company			Address (Give address to which approved copy of this form is to be sent) 900 Plaza Office Bldg., Bartlesville, OK 7400					rens) OK 74004
give location of tanks.	1 K 127	1185 I 32E	Voc	my connected?	Whe	n ?		
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or	pool, give comming	gling order nu	mber: No	0			
Designate Type of Completion	n - (X)	Gas Well	New Wel	Workover	Deepen	Plug Back !	Same Res'v	Diff Res'v
Date Spudded Date Compt. Ready to		Prod.	Total Depth	-1		P.B.T.D.		_i
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		mation	Top Oil/Gas Pay			Tubing Depth		
Perforations								
					Depth Casing Shoe			
HOLE SIZE	TUBING, (TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD			
	CASING & TOP	DEPTH SET			SACKS CEMENT			
					<u>-</u>			
. TEST DATA AND REQUE	ST FOR ALLOWA	BLE						
IL WELL (Test must be after that First New Oil Run To Tank	recovery of total volume of	load oil and must	be equal to or	exceed top allo	wable for this	depth or he for	6/1/2/ Laur	
	Date of Test	Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure	Casing Press.	Ire		Choke Size			
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		
GAS WELL	.1				<u></u> _			
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Drugger /OL			Choke Size		
I. OPERATOR CERTIFICA	ATE OF COMPLI				-			
Division have been complied with and that the information			OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief. K. M. Caluart			Date Approved					
Signature	Ву	·						
K.M. Calvert, Engineering Manager Printed Name April 1, 1991 (903) 561-2900 Date Telephone No.								
INSTRUCTIONS: This form		ne No.						

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
- 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