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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

Santa Fe, New Mexico 87504-2088

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Mewbourne Oil Company</b>	Well API No. <b>30-025- 24861</b>
Address <b>P. O. Box 7698, Tyler, Texas 75711</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Change Well Name.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective Date: <b>November 1, 1993</b>	
Old Name: <b>Federal "L" #7</b>	

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>QPBSSU 13-7</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>Querecho Plains - Upper Bone Spring</b>	Kind of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/>	Lease No. <b>NM-0554244</b>
Location				
Unit Letter <b>I</b>	<b>2310</b>	Feet From The <b>South</b> Line and <b>2310</b>	Feet From The <b>East</b> Line	
Section <b>23</b>	Township <b>18-South</b>	Range <b>32-East</b>	NMPM, <b>Lea</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	<b>Phillips Petroleum - Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79762</b>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input type="checkbox"/>	<b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma 74004</b>
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>   Sec. <b>23</b>   Twp. <b>18S</b>   Rge. <b>32E</b>	Is gas actually connected? <b>Yes</b>   When?

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.U.T.D.				
Elevations (DF, RKB, RI, 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 liquid 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
Flowing 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.

*Gaylon Thompson*  
 Signature  
**Gaylon Thompson, Engr. Oprns. Secretary**  
 Printed Name Title  
**October 27, 1993 (903) 561-2900**  
 Date Telephone No.

OIL CONSERVATION DIVISION  
 NOV 04 1993

Date Approved \_\_\_\_\_  
 By **ORIGINAL SIGNED BY JERRY SEXTON**  
 District I 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.