VILLUNSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE -Supersedes Old C-104 and C-1 FILE Effective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE **TRANSPORTER** GAS OPERATOR PRORATION OFFICE Operator MEWBOURNE OIL COMPANY Address P. O. Box 7698, Tyler, Texas 75711 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion OII Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Federal "E" State, Federal or Fee North Lusk (Morrow) Federal Location __;<u>__660</u> 1980 _ Feet From The <u>North</u> Line and ___ East Feet From The 27 18 South Range 32 East Township , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate 📉 Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Bartlesville, Oklahoma Name of Authorized Transporter of Casinghead Gas TTE Give Case Corners of Casinghead Gas Casinghead Gas Corners of Casinghead Gas El Paso Natural Gas Company GPM Gas Corporation Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. 27 B 18S +32E Yes 4/19/77 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well New Well Workover Gas Well Deepen Plug Back | Same Res'v. Diff. Res'v Designate Type of Completion - (X) 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 CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbis. Water - Bble. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size /I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED 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.

Exploration

September

ninh

(Signature)

(Title)

(Date)

20.

Seci

1982

OIL & GAS INSPECTOR

Lease No.

County

NM-4609

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 accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, il 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.