## SANTA FE

## REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Elfective 1-1-65

1.	U.S.G.S.  LAND OFFICE  I RANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Operator	AUTHOLIZATION TO TRA	AND ANSPORT OIL AND NA RAL (	GAS
	MEWBOURNE OIL COMPANY			
	Address  330 Citizens Bank Building, Tyler, Texas 75702  Reason(s) for filing (Check proper box)  Other (Please explain)			
	New We!! Change in Transporter of: Change in name of Operator only from  Recompletion Oil Dry Gas Mark Production Company  Change in Ownership Casinghead Gas Condensate effective May 1, 1977			
	If change of ownership give name and address of previous owner	Change in operating n	ame only (same ownership)	)
11.	DESCRIPTION OF WELL AND Lease Name Federal "E" Location	Well No. Pool Name, Including F  1 North Lusk,		5
	Unit Letter B; 66	O Feet From The North Lin	ne and 1980 Feet From 1	The East
	Line of Section 27 To-	wnship 18 S Range	32 E , NMPM,	Lea County
11.	Navajo Crude 0il Purchasing Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas XX		Address (Give address to which approved copy of this form is to be sent)  501 E. Main, Artesia, NM 88210  Address (Give address to which approved copy of this form is to be sent)	
	El Paso Natural Gas	Company	600 Bank of the South	west, Midland, TX 79701
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. B 27 18 32	Is gas actually connected? Whe Yes	4/19/77
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v.
	Designate Type of Completic	on – (X)	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1
	•	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
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			1	
	THE HELL		ter recovery of total volume of load oil and must be equal to or exceed top allow- oth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)	
	Date First New Oil Run To Tanks	Date of Test		
	Length of Test	Tubing Pressure	Cosing Pressure	Cheke Size
	Actual Prod. During Test	Otl-Bbls.	Water - Sbis.	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)	Chake Size
Ι. (	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.				, 19
	,		TITLE	
_	Marjorie Lo	13	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.	
_	Production Clerk	le)		
-	May 16, 1977		Fill out only Sections I. II. III, and VI for changes of owner, well 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.	
		ţ	- Completed wester	

## RECEIVED

MAY 1 8 1977

CTE CONSERVATION, COMM. HOBBS, N. M.