- ~ ~ ~ ~ ~ ~ ~ REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. TIZATION TO TRANSPORT OIL AND AU. 'JRAL GAS LAND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator MEWBOURNE OIL COMPANY Addiess 330 Citizens Bank Building, Tyler, TX 75702 Reason(s) for Itting (Check proper box) Other (Please explain) TO CORRECT TEST DATA AND REQUEST New Well [x]FOR ALLOWABLE Dry Gos Recompletion Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner. I. DESCRIPTION OF WELL AND LEASE Leose No. ell No. Pool Name, Including Formation Kind of Lease Federa1 State, Federal or Fee Federal "E" тм 4609 2 Undesignated (Queen) Location 2310 Feet From The North 198**0** Feet From The West Line and 27 18-S 32-E County Range . NMPM Township Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Oil XX or Condensate 501 East Main, Artesia, New Mexico 88210 Navajo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas or Dry Gas When Twp. Unit Sec. If well produces oil or liquids, give location of tanks. 18-S 32-E No F 27 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. Gas Well Plug Bock New Well Oil Well Designate Type of Completion - (X) XXXXP.B.T.D. Date Compl. Ready to Prod. Total Depth 9-19-77 10-12-77 4200<u>'</u> Tubing Depth Top Oil/Gos Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3737 GR 3910 Queen Death Cosing Shoe Perforations 3910, 3911, 3912, 3913, 3919, 3920, 3921, 3922, 3931, 3932, 3933, 3943, 3944, 4040 and 4041 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 11" 8-5/8" 1151' 400-Halli Lite 200- Cl Circ 50 5-1/2" 4220 200 Halli Lite 200 Cl C 7-178°° TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Preducing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks 10-25-77 Pump <u> 10-12-77</u> Choke Size Cosing Pressure Tubing Preseure 24 hrs. Pump Pump Con-MCF Woter - Bbls. O11 - Bble. Actual Prod. During Test 24 48 24 0 GAS WELL Grevity of Condensate Length of Test Ebla. Condenscie/AMCF Actual Prod. Test-MCF/D Chake Sixe Cosing Fressure (Shut-in) Testing Methed (pilot, back pr.) Tubing Pressure (Shat-in) QIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. BY TITLE This form is to be filed in compliance with RULE 1104. If this is a request for ellowable 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.

Hoduction Clerk

December 1,

(Title)

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Fill out only Sections I. II. III. and VI for changes of owner, II name or number, or transporter, or other such change of condition.

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