

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

Operator Mewbourne Oil Company		
Address P. O. Box 7698, Tyler, Texas 75711		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Federal "G"	Well No. 1 Pool Name, including Formation Querecho Plains - Upper Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-6863
Location			
Unit Letter K	: 1980 Feet From The West	Line and 1980 Feet From The South	
Line of Section 27	Township 18 South	Range 32 East	NMPM, Lea County

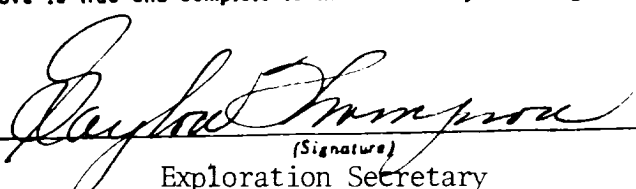
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company				Bartlesville, Oklahoma			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company				Bartlesville, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 18S	Pge. 32E	Is gas actually connected?	When	
					Yes		

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded 6/23/78	Date Compl. Ready to Prod. 2/15/84		Total Depth 13,061		P.B.T.D. 8800'				
Elevations (DF, RKB, RT, GR, etc., 3727.7' GR	Name of Producing Formation Upper Bone Springs		Top Oil/Gas Pay 8506'		Tubing Depth 8689'				
Perforations 8506-20' - 8523-28'						Depth Casing Shoe 13061'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"		13-3/8"		441'		550 sx Class "C"			
11"		8-5/8"		4,505'		1200 sx lite, 300 sx Class "C"			
7-7/8"		5-1/2"		13,061'		280 sx Class "H"			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)			
Date First New Oil Run To Tanks 2/20/84	Date of Test 2/22/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 265	Oil - Bbls. 265	Water - Bbls. 95	Gas - MCF 195

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)	Choke Size

CERTIFICATE OF COMPLIANCE	
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.	
 (Signature) Exploration Secretary	
2/22/84 (Date)	

OIL CONSERVATION COMMISSION MAR 13 1984	
APPROVED	19
BY	ORIGINAL SIGNED BY JERRY SEXTON
TITLE	DISTRICT I SUPERVISOR
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, 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.	