

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 checked="" type="checkbox"/>	Not equal to flare casinghead gas from this well must be obtained from the Minerals Management Service.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Federal "E"	Well No. 6	Pool Name, Including Formation Querecho Plains-Queen Ass	Kind of Lease Gate, Federal or Fee Federal	Lease No. NM4609
Location				
Unit Letter B	330	Feet From The North	Line and 1980	Feet From The East
Line of Section 27	Township 18 South	Range 32 East	NMPM,	Lea County

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	P.O. Box 791, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	P.O. Box 791, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 27	Twp. 18S	Range 32#	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 6/30/83	Date Compl. Ready to Prod. 8/15/83	Total Depth 4310'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) KB 3765', DF 3764', GR 3754'	Name of Producing Formation Penrose & Queen	Top Oil/Gas Pay 3879	Tubing Depth 3860'					
Perforations Penrose 4135-40', 4142-54'	Queen 3879-85', 3892-96'		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1220'		360 sx lite-200 sx C1"C"			
7-7/8"	4-1/2"		4310'		750 sx lite-300 sx C1"C"			

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)

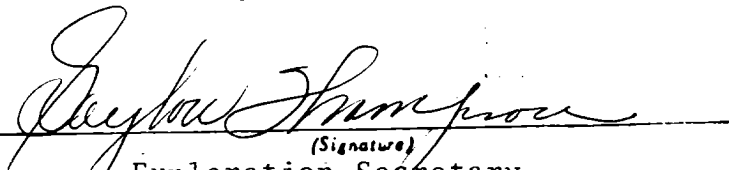
Date First New Oil Run To Tanks 7/22/83	Date of Test 8/15/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 0	Gas - MCF 49

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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  
(Title)  
August 16, 1983  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1983, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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.

RECEIVED

AUG 19 1988

O.C.D.  
HOBBS OFFICE

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