

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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DISSEMINATED BELOW IF YOU DO NOT CONCUR
FOR FILING THIS FORM.

Lease Name FEDERAL "E"		Well No. 10	Pool Name, Including Formation Querecho-Plains - Upper Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-4609
Location					
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East					
Line of Section 27 Township 18S Range 32E, 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"/> EFFECTIVE: February 1, 1985	Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum Company GPM Gas Corporation	P.O. Box 791, Midland, Texas 79702				
If well produces oil or liquids, give location of tanks.	Unit G	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: _____

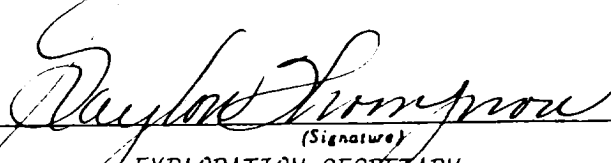
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
Date Spudded 5/14/85	Date Compl. Ready to Prod. 7/14/85	Total Depth 9020'	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3735' GL, 3750' KB	Name of Producing Formation Upper Bone Springs	Top Oil/Gas Pay 8501'	Tubing Depth 8498'
Perforations 8501-8530'	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	456'	475
11"	8-5/8"	4542'	2600
7-7/8"	5-1/2"	9020'	1400

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 7/15/85	Date of Test 7/16/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 100	Water-Bbls. 50	Gas-MCF 60

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
(Title)
JULY 17, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.