

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 checked="" type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>B&amp;M</i>
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 checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE				
Lease Name Federal "I"	Well No. 1	Pool Name, Including Formation Reeves-Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-50920
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>18S</u> Range <u>35E</u> , NMPM, <u>Lea</u> 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 - Trucks		4001 Pembroke, Odessa, Texas 79762				
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)				
Negotiating Contract						
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>14</u>	Twp. <u>18S</u>	Pge. <u>35E</u>	Is gas actually connected? <u>No</u>	When

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

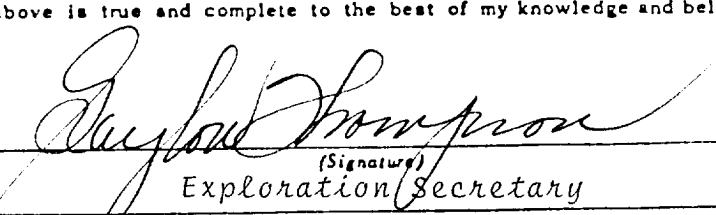
COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>8/21/85</u>	Date Compl. Ready to Prod. <u>10/30/85</u>	Total Depth <u>12,310'</u>	P.B.T.D. <u>12,261'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3891'KB, 3889'DF, 3876'GL</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>11,100'</u>	Tubing Depth <u>10,972.26'</u>
Perforations <u>11,100'-123'</u>	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>418'</u>	<u>400</u>
<u>11"</u>	<u>8-5/8"</u>	<u>4,950'</u>	<u>2,200</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>12,310'</u>	<u>2,300</u>

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 <u>10/31/85</u>	Date of Test <u>11/03/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24</u>	Tubing Pressure <u>200#</u>	Casing Pressure <u>--</u>	Choke Size <u>24/64"</u>
Actual Prod. During Test	Oil-Bbls. <u>50</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>234</u>

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	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.	APPROVED <u>NOV 8 - 1985</u> , 19
 (Signature) Exploration Secretary	BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>
November 5, 1985 (Date)	TITLE <u>DISTRICT 1 SUPERVISOR</u>
	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  
NOV 7 - 1985  
C.C.D.  
HOBBS Office