Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741 I.	Energy, Minerals and Model OIL CONSERV P.O. Santa Fe, New REQUEST FOR ALLOW	f New Mexico Natural Resources Department /ATION DIVISION Box 2088 Mexico 87504-2088 ABLE AND AUTHORIZAT DIL AND NATURAL GAS	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
Operator Mewbourne Oil		JE AND NATUHAL GAS	Well API No. 30-025- 29482
P. O. Box 769	98, Tyler, Texas 757	11	
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator If change of operator give name) Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Other (Please explain) Change Well Effective Da Old Name: Bu	ate: November 1, 1993 urleson Federal #1
and address of previous operator	NOTICE: THIS WELL	IS A WATER INJECTI	ION WELL. NO PRODUCTION
II. DESCRIPTION OF WELL Lease Name QPBSSU 11-X Location	L AND LEASE 7 Well No. Pool Name, Inclu 1 Querecho	e here on e wing formation Plains - Upper Bone Spring	Kind of Lease Lease No. MM-14000
Unit Letter B		North Line and 2310	Feet From TheEastLine
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NAT	URAL GAS	woved copy of this form is to be sens)
Name of Authorized Transporter of Casi	nglead Gas or Dry Gas		proved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. 11wp. Rge		When ?
If this production is conuningled with the IV. COMPLETION DATA	t from any other lease or pool, give commin	gling order number:	
Designate Type of Completion Date Spackled	Oit Well Gas Well O - (X) Date Compl. Ready to Prod	New Well Workover Dee Total Depth	pen Plug Back Same Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
	-		
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable for Producing Method (Flow pump, gas	or this depth or be for full 24 hours) lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitor, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut-in)	Choke Size
1. OPERATOR CERTIFIC			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION Date Approved NOV 04 1993	
	mine		
Gaylon Thompson, Engr Oprns.Secretary Printed Name October 27, 1993 (903) 561-2900		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
	Telephynic No.		

is form is to be filed in compliance with Rule 1104

 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.