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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Mewbourne Oil Company</b>		Well API No. <b>30-025-29482</b>
Address <b>P. O. Box 7698, Tyler, Texas 75711</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective December 1, 1992
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <b>Marathon Oil Company, P. O. Box 552, Midland, Texas 79702</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Burleson Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation (Upper Bone) <b>Querecho Plains Bone</b>	Kind of Lease <b>State Federal or Fed</b>	Lease No. <b>NM-14000</b>
Location <b>Spring)</b>				
Unit Letter <b>B</b>	<b>: 660</b>	Feet From The <b>North</b> Line and <b>2310</b>	Feet From The <b>East</b> Line	
Section <b>26</b>	Township <b>18-S</b>	Range <b>32-E</b>	NMPM, <b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Scurlock Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 4648, Houston, Texas 77210</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma 79762</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>26</b>
	Twp. <b>18S</b>	Rge. <b>32E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>3/26/86</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

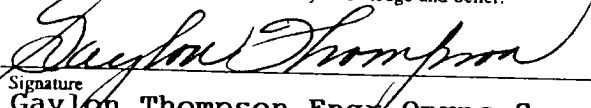
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. Gas - MCF

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

  
Signature  
**Gaylon Thompson, Engr. Oprns. Secretary**  
Printed Name  
Date **December 14, 1992** (903) 561-2900  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 17 '92**

By **SIGNATURE** **EXTON**

**DISTRICT I SUPERVISOR**

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) 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.