

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 1-1-85

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
MEWBOURNE OIL COMPANY

Address  
P. O. BOX 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "E"	Well No. 11	Pool Name, Including Formation Querecho Plains-Lower Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-4609
Location Unit Letter <u>E A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>530</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>18S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O.Box 791, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> <u>EFFECTIVE: February 1, 1986</u> Phillips 66 Natural Gas Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O.Box 791, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>27</u> Twp. <u>18S</u> Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u> When <u>January 28, 1986</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/30/85	Date Compl. Ready to Prod. 1/19/86	Total Depth 8971'	P.B.T.D. 8909'					
Elevations (DF, RKB, RT, GR, etc.) 3756.5' GR	Name of Producing Formation <u>Upper Lower Bone Springs</u>	Top Oil/Gas Pay 8450'	Tubing Depth 8358.65'					
Perforations 8450 - 8486'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	1125'	1120					
11"	8-5/8"	4480'	2400					
7-7/8"	5-1/2"	8972'	1625					

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)

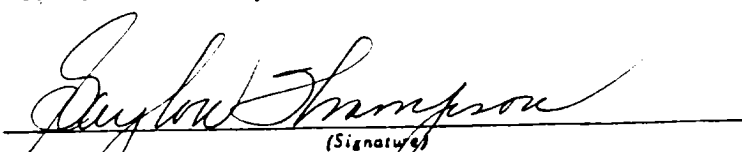
Date First New Oil Run To Tanks 1/19/86	Date of Test 1/30/86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 310#	Casing Pressure --	Choke Size 12/64"
Actual Prod. During Test	Oil-Bbls. 77	Water-Bbls. 9	Gas-MCF 28

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. 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)  
February 6, 1986  
(Date)

OIL CONSERVATION COMMISSION

FEB 17 1986

APPROVED \_\_\_\_\_, 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.