

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

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

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 checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal "E"</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Querecho Plains - Upper Bone Springs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-4609</u>
Location				
Unit Letter <u>H</u>	<u>1980</u>	Feet From The <u>North</u> Line and <u>330</u>	Feet From The <u>East</u>	
Line of Section <u>27</u>	Township <u>18S</u>	Range <u>32E</u>	NMPM,	Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company - Trucks</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> EFFECTIVE: February 10, 1986	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company GPM Gas Corporation</u>	<u>Box 791, Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>G 27 18S 32E</u>	<u>Yes 4/26/86</u>

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

V. 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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>3/16/86</u>	Date Compl. Ready to Prod. <u>4/27/86</u>	Total Depth <u>9050'</u>	P.B.T.D. <u>8970'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>KB 3762, DF 3761, GL 3751</u>	Name of Producing Formation <u>Upper Bone Springs</u>	Top Oil/Gas Pay <u>8470'</u>	Tubing Depth <u>8323'</u>					
Perforations <u>8470' - 8486', 8500' - 8532'</u>	Depth Casing Shoe <u>--</u>							
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>440'</u>	<u>450 sxs Class "C"</u>					
<u>12-1/4"</u>	<u>8-5/8"</u>	<u>4310'</u>	<u>1800 sxs Class "C"</u>					
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>9052'</u>	<u>835 sxs HLC & Class H</u>					

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 <u>4/28/86</u>	Date of Test <u>4/30/86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>225#</u>	Casing Pressure <u>--</u>	Choke Size <u>26/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>293</u>	Water - Bbls. <u>282 BLW</u>	Gas - MCF <u>333</u>

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

I. 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.

Quynh W. Thompson
(Signature)
Engineering Operations Secretary
(Title)
April 30, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 5 - 1986, 19_____
BY ORIGINAL SIGNED BY JERRY STOTON
DISTRICT 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.