

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 C-11
Effective 1-1-65

I.

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"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL "L"	Well No. 3	Pool Name, Including Formation Querecho Plains - Upper Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-055424
Location Unit Letter "G" ; 1980 Feet From The North Line and 1650 Feet From The East Line of Section 23 Township 18 South Range 32 East , 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"/> Phillips Petroleum Company - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation, Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit "G"	Sec. 23	Twp. 18S	Rge. 32E	Is gas actually connected? Yes	When 8/05/87

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/19/87	Date Compl. Ready to Prod. 8/05/87	Total Depth 8698'	P.B.T.D. CIBP @ 8585'					
Elevations (DF, RKB, RT, GR, etc.) 3782.7' GR	Name of Producing Formation 1st Bone Springs	Top Oil/Gas Pay 8446'	Tubing Depth 8266'					
Perforations 8446-8526' - 60', 64 holes			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	450'	416					
12-1/4"	8-5/8"	4315'	1400					
7-7/8"	5-1/2"	8698'	1000					

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 8/05/87	Date of Test 8/06/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 255#	Casing Pressure ---	Choke Size 22/64"
Actual Prod. During Test	Oil-Bbls. 242	Water-Bbls. 70	Gas-MCF 420

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)
Engineering Operations Secretary
(Title)
August 12, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 17 1987, 19____
BY ORIGINAL SIGNED BY JEFF TEXTON
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.