| SANTA FE | | | t |
|------------------|-----|---|---|
| FILE | | 1 | H |
| U.S.G.S. | | 1 | r |
| LAND OFFICE | | | H |
| TRANSPORTER | OIL | | r |
| | GAS | | |
| OPERATOR | | | _ |
| PRORATION OFFICE | | | _ |
| Operator | | | |

-116

| FILE | REQU | EST FOR ALLOWABLE | Supersedes Old C-104 and C | |
|--|---|---|--|--|
| U.S.G.S. | AUTHORIZATION TO | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | |
| LAND OFFICE | AOTHORIZATION TO | TRANSPORT OIL AND NATURA | AL GAS | |
| TRANSPORTER OIL | | | | |
| GAS | | | | |
| OPERATOR | | | | |
| 1. PRORATION OFFICE Operator | | | | |
| Mewbourne Oil Co | Omna n tr | | | |
| Address | Jiiparry | | | |
| P. O. Box 7698, | Tyler, Texas 75711 | | | |
| Reason(s) for filing (Check prop | er box) | Other (Please explain) | | |
| New Well | Change in Transporter of: | omo (a test capiani) | | |
| Recompletion | OII 🔲 D | ry Gas | • * | |
| Change in Ownership | Casinghead Gas Ca | ondensate 🔲 | | |
| If change of ownership give na and address of previous owner | me | | | |
| I. DESCRIPTION OF WELL A | ND LEASE | | | |
| Lease Name | Well No. Pool Name, Including | ing Formation Kind of Le | Lease No. | |
| Federal "L" | 4 Bone Springs | State, Fed | erol or Fee Federal NM-05542 | |
| | 000 | | | |
| Unit Letter B; | 660 Feet From The North | Line and 1650 Feet Fro | m The East | |
| Line of Section 23 | Township 18 South Range | 32 East . NMPM. | Τ | |
| | Townsen 20 Doctoff Nange | 32 East , NMPM, | Lea County | |
| . DESIGNATION OF TRANSP | ORTER OF OIL AND NATURAL | GAS | : | |
| Name of Authorized Transporter o | f Oil 📉 or Condensate 🗌 | | proved copy of this form is to be sent) | |
| Phillips Petrole | eum Company - Trucks | 4001 Pembrook, Ode | essa, Texas 79762 | |
| Name of Authorized Transporter of | | Address (Give address to which app | proved copy of this form is to be sent? | |
| <u> </u> | iral Gas Com GRM, Gas Corp | | 110ma 74004 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pige. B 23 18S 32 | | When | |
| | | | 12/10/87 | |
| If this production is commingled COMPLETION DATA | with that from any other lease or po- | ol, give commingling order number: | | |
| | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'y | |
| Designate Type of Compl | etion - (X) X | X | Same Res-V. Diff. Res-V | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 11/03/87 | 12/09/87 | 8760 ' | 86881 | |
| Elevations (DF, RKB, RT, CR, etc. 3789, 21 GR | | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | 1st Bone Springs | 8431' | 8387' | |
| 8431-8506', 45', | 50 holes | | Depth Casing Shoe | |
| , , | ······································ | ND CENEVISION OF THE PROPERTY | <u></u> | |
| HOLE SIZE | CASING & TUBING SIZE | ND CEMENTING RECORD | | |
| 17-1/2" | 13-3/8" | DEPTH SET | SACKS CEMENT | |
| 12-1/4" | 8-5/8" | 4381 | 400 sxs | |
| 7-7/8" | 5-1/2" | 4318 ' 8760 ' | 1600 sxs | |
| | | 1 | 1325 sxs | |
| TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be | after recovery of total volume of load at | l and must be equal to or exceed top allow | |
| OII, WELL, Date First New Oil Run To Tanks | Date of Test | depth or be for full 24 hours) | | |
| 12/10/87 | 12/11/87 | Producing Method (Flow, pump, gas l | ift, etc.) | |
| Length of Test | Tubing Pressure | Flowing Cosing Pressure | | |
| 24 hours | 400# | Cosing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bhis. | Water - Bble. | 24/64" Gas-MCF | |
| 250 | 240 | 24 | .265 | |
| | | | | |
| GAS WELL | <u> </u> | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choke Size | |
| | | 1 | | |
| CERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | TION COMMISSION | |
| | | APPROVED DFC 2 | 1 1987 | |
| ommission have been complied | regulations of the Oil Conservation with and that the information given | | , ,, | |
| ove is true and complete to the best of my knowledge and belief. | | BY ORIGINAL SIGNED BY JEFFOY SEXTOM | | |
| | | DISTRICT (SUPERVISOR | | |
| $\langle m \rangle / \langle L \rangle$ | | | | |
| Undon Show | whome | 11 | compliance with RULE 1104. | |
| (Sign | natura) | If this is a request for allow well, this form must be accompanied. | able for a newly drilled or deepened nied by a tabulation of the deviation | |
| Engineering Opera | it ons Secretary | tests taken on the well in accor | dance with RULE 111. | |
| | ile) | All sections of this form must able on new and recompleted we | st be filled out completely for allow- | |
| December 1 | 4, 1987 | - | III, and VI for changes of owner, | |
| (D | ate) | well name or number, or transporte | er, or other such change of condition. | |
| | | Separate Forms C-104 must completed wells. | be filed for each pool in multiply | |
| | | | | |

RECEIVED

DEC 1 8 1987