Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>	T	O TRAI	NSP	ORT OIL	AND NA	TURAL GA					
Operator Morexco, Inc.							1	D-025	1-025-31049		
Address P. O. Box 481, A	rtesia	, Ne	w M	exico 8	38211						
Reason(s) for Filing (Check proper box) Change in Transporter of: Recompletion Change in Transporter of: Change in Operator Casinghead Gas Condensate Change effective 4-1-92											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	ND LEAS	SE								•	
Lease Name McElvain Federal	McElvain Federal 6 E-1				ng Formation ates—Si	R-QN		ad of Lease Fed. Lease No. te, Federal or Fee NM-0245247			
Location Unit LetterG	:1650 Feet From The				N Lin	e and	1650 _{Fe}	et From The	t From The Line		
Section 25 Township	18	S	Range		33E , N	MPM,		L	ea	County	
III. DESIGNATION OF TRANS		•		ND NATUI							
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent) 1801 W. Texas, Midland, TX 79701					
Koch Oil Company Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.				: -	Is gas actually connected? When			?			
If this production is commingled with that fi	om any othe	r lease or p	pool, g	ive comming							
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.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Dep	Tubing Depth		
Perforations					Depth Casing Shoe						
	Т	UBING,	CAS	ING AND	CEMENT	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES]		- 1.12				
OIL WELL (Test must be after re	Date of Tes		of load	d oil and must	,	r exceed top alle Method (Flow, pr			for full 24 hou	rs.)	
Length of Test	Tubing Pressure				Casing Press	sure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	8.		Gas- MCF	Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	ensate/MMCF		Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Size	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.					OIL CONSERVATION DIVISION MAR 25 15 Date Approved						
Signature Clson Production Analyst					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title March 23, 1992 (505) 746-6520 Date Telephone No.					Title	9					

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.