Submit 5 Copies
Appropriate Disenct Office
DISTRICT 1
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 Pag

Well API No.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

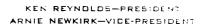
Operator

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Mewbourne Oi	il Company			30-025-31361			
Address PO Box 5270,	Hobbe NM	88241					
Reason(s) for Filing (Check proper box)	, nobbs, kr	00241	Other (Pla	ase explain)			
New Well	Change in	Transporter of:		and anymous,			
		• —					
Recompletion \Box	Oil U	Dry Gas					
Change in Operator	Casinghead Gas	Condensate					
f change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name	Well No.	Pool Name, Includir	g Formation	R-9646 Kin	nd of Lease	Lease No.	
Cedar Lake I	Federal 4	West Corbi	n Delaware	4/1/02 Stat	te, Federal or Fee NM-	0555297	
Location		<u> </u>		1/1/3			
r	. 330'	Feet From TheN	orth	1650 '	Feet From The West	* *	
Unit Letter	- : 	reet From The	Line and		rect from the	Line	
Section 23 Township	, 18S	Range 32E	, NMPM,	Lea		County	
		×					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O		CAL GAS Address (Give add)	ress to which approv	red copy of this form is to b	oe seni)	
•	2222	-			sa, TX 79762		
Phillips Petroleum (beed Ger	The Park Control of the control of t	4001 LGIII	ree to which comes	ved copy of this form is to b	ne cent)	
Name of Authorized Transporter of Casing	GICAU UAS	ectives tedru	Other Charles	essio wnich approv	C Describer 21	~ 00 707/0	
Phillips 66 Natural						e, UK /9/64	
If well produces oil or liquids, give location of tanks.	Unit Sec.		Is gas actually com		en ?		
<u> </u>	F 23	18S 32E	Yes_	L_	11-22-91		
If this production is commingled with that i	from any other lease or	pool, give commingli	ng order number:				
IV. COMPLETION DATA	Oil Wel	l Gas Well	New Well Wo	rkover Deeper	Plug Back Same Re	s'v Diff Res'v	
Designate Type of Completion		Gas well	x I	lkover Deeper	i i iug back Saine Re	l l	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.		
10-9-91	11-14-91		5003'		4954'		
Elevations (DF, RKB, RT GR,)etc.)	Name of Producing F	ormation	Top Oil/Gas Pay		Tubing Depth	Tuhing Death	
3786	Delaware	J	4834		4883	4883	
Perforations	Belandre				Depth Casing Shoe		
	CDE				5003		
4834-56 1	SPF				3003		
4834-36 1	TUBING	, CASING AND					
HOLE SIZE	TUBING CASING & T	UBING SIZE	DEP	TH SET	SACKS C		
HOLE SIZE 12-1/4"	TUBING CASING & T 8-5/8", 24	UBING SIZE #,J55	DEP 450	TH SET	SACKS 0	Cir	
HOLE SIZE	TUBING CASING & T	UBING SIZE #,J55	DEP	TH SET	SACKS C	Cir	
HOLE SIZE 12-1/4"	TUBING CASING & T 8-5/8", 24	UBING SIZE #,J55	DEP 450	TH SET	SACKS 0	Cir	
HOLE SIZE 12-1/4" 7-7/8"	TUBING CASING & T 8-5/8", 24: 5-1/2", 17	UBING SIZE #,J55 #,N80	DEP 450	TH SET	SACKS 0	Cir	
HOLE SIZE 12-1/4" 7-7/8" V. TEST DATA AND REQUES	TUBING CASING & T 8-5/8", 24 5-1/2", 17	UBING SIZE #, J55 #, N80	DEP 450 5003	TH SET	300 SKS. 1175 S	Cir KS	
HOLE SIZE 12-1/4" 7-7/8" V. TEST DATA AND REQUES	TUBING CASING & T 8-5/8", 24 5-1/2", 17	UBING SIZE #, J55 #, N80	DEF 450 5003 be equal to or exce	TH SET T ed top allowable for	SACKS C 300 SKS. 1175 S this depth or be for full 24	Cir KS	
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HOLE SIZE 12-1/4" 7-7/8" V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank 11-15-91 Length of Test	TUBING CASING & T 8-5/8", 24: 5-1/2", 17: ST FOR ALLOW recovery of total volume Date of Test 11-27-91 Tubing Pressure	UBING SIZE #, J55 #, N80 ABLE	DEF 450 5003 be equal to or exce. Producing Method Pumping	TH SET T ed top allowable for	SACKS 0 300 SKS. 1175 S this depth or be for full 24 fit, etc.)	Cir KS	
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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.





DRILLING CO., INC. - DIL WELL DRILLING CONTRACTORS

P. D. BOX 1498 ROSWELL, NEW MEXICO 88202-1498 505/623-5070 505/746-2719

ROSWELL, NM

ARTESIA, NM

October 23,1991

Mewbourne Oil Company P.O. Box 5270 Hobbs, N.M. 88220

REF: Cedar Lake Federal #4

330/N+1650/W 23-18-32

Gentlemen:

The following is a Deviation Survey on the above referenced well located in Lea County, New Mexico.

455 '	_		1/4°	3239'	_	1 1/4°	
750 '	-		1/40	36791	-	3/4°	
1412'	-		1/2°	43201	-	1/40	
1904'	_		1/40	47441	-	1/40	
24011	_		1/2°	50001	-	1/40	TD.
2750'	_	1	1/40				

Sincerely,

Arnold Newkirk Vice President

STATE OF NEW MEXICO)

COUNTY OF CHAVES)

MY COMMISSION EXPIRES

October 07,1992

The foregoing was acknowledged before me this 23rd day of October 1991 by Arnold Newkirk.