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

State of New Mexico nergy, Minerals and Natural Resources Depart. et

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

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., Aztec, NM 8	7410		•
I.	REQUEST FOR ALLOY	WABLE AND AUTHORIZA	ATION
Operator	TO TRANSPORT	OIL AND NATURAL GAS	
Morexco, Inc.			Well API No.
Address			Ì
P.O. Box 481, A	Artesia, New Mexico	88211-0481	
Reason(s) for Filing (Check proper	box)	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
New Well	Change in Transporter of	Other (Please explain)	
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate	☐ (Effective J	uno 1 1001)
If change of operator give name and address of previous operator _	Xeric Oil & Gas Comp	pany, P.O. Box 513	11, Midland, Tx 79710
II. DESCRIPTION OF WE	ELL AND LEASE		
Lease Name	Well No. Pool Name Is	ocluding Formation	Vindage
Northeast Pearl Q	ueen Unit 19 Pearl O		Kind of Lease Lease No. State Federal or Fee REGOOT
			E5837
Unit LetterK	: 1980 Feet From The	South_ Line and2180_	East E
Section 23 To	unchin 10 a		Feet From The West Line
	33	<u>E</u> , NMPM, Lea	County
III. DESIGNATION OF THE	RANSPORTER OF OIL AND NA	TUDAL GAS	County
	or Condensate	Address (Give address)	
Shell Pipe Line Com	nany	D. O. Dans 25.10 which o	approved copy of this form is to be sent)
Name of Authorized Transporter of (Casinghead Gas v or Dry Gas	P.O. Box 2648, Ho	ouston, Texas 77252
Warren Petroleum	Corporation	D.O. Dore 1500 m	approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	177 .	Rge. Is gas actually connected?	lisa, Oklahoma 74102
———	1 (1 1 22 40 ~ 1	•	When?
IV. COMPLETION DATA	that from any other lease or pool, give comm	ningling order number:	N/A
STATE STATE OF THE			
Designate Type of Complet	ion - (X) Oil Well Gas Wel	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Dill Resv
	, ,,,,,,,,,	том Бериі	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
Perforations		,	Tubing Depth
1 CHOLAGORS			D. d. C.
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS OFFICE
			SACKS CEMENT
V. TEST DATA AND REQU	EST FOR ALLOWARLE		
OIL WELL (Test must be after	per recovery of total volume of load oil and mu	ust be equal to an exceed and the	•
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, go	for this depth or be for full 24 hours.)
		inculos (Flow, pump, go	is lyt, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Chala Sia
Actual Prod. During Test			Choke Size
Troubling 1881	Oil - Bbis.	Water - Bbls.	Gas- MCF
C + C ***			
GAS WELL	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test	IRble Condenses & C. (27)	

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
VII OPPRIATE		(3.12.12)	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.

Revecca	OI STO
Signature	5(30.)
Rebecca Ols e n	Production Anna
Printed Name	Troduction Analyst
6-10-91	Title
	(505) 746 -6520
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____ By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title_

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
- 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.

RECEIVED

JUN 12 1991

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