

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-110
Effective 1-1-65

Operator Mewbourne Oil Company	
Address P. O. Box 7698, Tyler, Texas 75711	
Reason(s) for filing (Check proper box)	
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

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name Federal "F"	Well No. 2	Pool Name, Including Formation Querecho Plains-Queen Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. 9218
Location				
Unit Letter <u>P I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>18 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> County				

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	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or EFFECTIVE: February 1, 1972 Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 22	Twp. 18S	Rge. 32E	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded 11/11/82	Date Compl. Ready to Prod. 12/20/82		Total Depth 4300'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3761'GL, 3771'DF, 3773'KE	Name of Producing Formation Penrose & Queen		Top Oil/Gas Pay 3881'		Tubing Depth 3856'			
Perforations 3881-84, 3889-95', 3900-10', 3913-16', 4090-98', 4120-25', 4128-30', 4134-51'					Depth Casing Shoe 4282'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1194'		500			
7-7/8"	4-1/2"		4282'		1,000			
4-1/2"	2-3/8"		3856'					

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 12/20/82	Date of Test 12/22/82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 100 psi	Casing Pressure --	Choke Size 16/64"
Actual Prod. During Test 74	Oil-Bbls. 74	Water-Bbls. 5	Gas-MCF 47

GAS WELL

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)	Choke Size

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)
Exploration Secretary
(Title)
December 29, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1983, 19
BY ORIGINAL SIGNED BY
JERRY SEXTON
TITLE DISTRICT 1 SUPR.

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.

THE
HOBBS OFFICE

RECEIVED

JAN 6 1983

O.C.O.
HOBBS OFFICE