DISTRIBUTION		
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
Effective 1-1-65

Operator
MorOilCo, Inc.

Address
P.O. Drawer I Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the ~~Minerals~~ Management Service. BLM

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	Well No.	Pool Name, Including Formation (3-1-85)	Kind of Lease	Lease
Stivason Federal	#2	Pearl Queen R-7842	~~State~~, Federal ~~Fee~~	NM-57

Location
Unit Letter O : 330 Feet From The South Line and 1650 Feet From The East

Line of Section 28 Township 19S Range 34E NMPM, Lea Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	28	19S	34E	No	

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	Date Compl. ready to Prod.	Total Depth	P.B.T.D.
12/20/84	12/31/84	4610'	4609'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3689.5' GR	Queen	4523'	4560'
Perforations			**Depth Casing Shoe**
4523' - 31'			4610'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1560'	400 sx. HOWCO-Lite;
			150 sx. Cl "C" 2% Cac
7-7/8"	5-1/2"	4610'	200 sx. HOWCO-Lite;
	2-7/8"	4560'	250 Cl "C"

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/14/85	1/15/85	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hr.	50#	60#	------
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
155	35	120	N/A

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.

Paul L. Mayo
(Signature)
Operator
(Title)
1/22/85
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 25 1985, 19--

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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 operator, well name or number, or transporter, or other such change of condition.