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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTE	RANSP	ORT OIL	AND NAT	URAL GA					
Morexco, Inc.			•			Well A	PI No.	-		
Address; Post Office Box	481 - Arte	sia.	New Ma	exico 8	8211-04	181				
Reason(s) for Filing (Check proper box)	401, ALC	.514,			t (Please expla					
New Well		in Transp				,				
Recompletion [7]		Dry C								
Change in Operator X Change of operator give name Tex	Casinghead Gas [aco Produc			P.O. E	ox 728	Hobbs	• New	Mexico	88240	
nd address of previous operator										
I. DESCRIPTION OF WELL										
East Eumont Uni		o. Pool	Name, Includir Eumont-		SR-Q		f Lease Federal or Federal	1	ase No.	
Location Unit LetterE	: 589	Feet 1	From The	W Line	214	14 F∝	et From The	N	Line	
Section 4 Townshi	_p 19S	Rang	e 3'	7E , N	лрм,			Lea	County	
II. DESIGNATION OF TRAN	SPORTER OF	OIL A	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil X or Condensate Texas-New Mexico Pipeline					Address (Give adtress to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Corporation				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102						
If well produces oil or liquids, give location of tanks.	Unit Sec. M 3	1 1 4 p.	37E	le gas actuali Yes		When 19	57			
f this production is commingled with that V. COMPLETION DATA	from any other lease	or pool, į	give comming!	ing order num	ber:					
Designate Type of Completion	- (X) Oil W	Vell	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.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
	TUBIN	IG, CAS	SING AND	CEMENTI	NG RECOR	D .	.1_,			
HOLE SIZE	CASING 8	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR ALL O	WARI	F	1						
	recovery of total volu			i be equal to o	r exceed top all	lowable for th	s depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ownp, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
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			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I herroy 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 1 3 1989 Date Approved						
AL DIPPOR	(DE)			Dal	e vhhiov			<u>-</u>		
Signification Agent				Ву		ORIGIN	AL SIGNE	BY JERRY	SEXTON	
File 1 Name Late 2 (505) 746-6520				DISTRICT I SUPERVISOR						
Date 1 - Order to September 201 UT		Toleitek E	æ } k 0							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.

- 1) Request for allowable for newly drilled or despend 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.

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RECEIVED

MAR 3 1989 OCD HOBBS OFFICE