Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

		OTRAI	NSP	ORT OIL	AND NA	TURAL GA	4S						
Operator Morexco, Inc.										IPI No.			
Address	403												
Post Office Box Reason(s) for Filing (Check proper box)	481, 1	Artes	1a,	New M									
New Well	(Change in T	[ranspo	orter of:		her (Please explo	aur;						
Recompletion	Oil	,	Dry Ga										
Change in Operator	Casinghead		-										
f change of operator give name and address of previous operator													
IL DESCRIPTION OF WELL	AND LEAS	SE											
Lease Name			Pool N	lame, Includi	ng Formation			Kind o	(Lease		ease No.		
East Eumont Unit 24 Eumont								_	Federal or Fee Fee				
Location P	660				S		660	1		E.			
Unit Letter	- ·		Feet Fr	rom The	Li:	ne and		Fe	et From The		Line		
Section 4 Township	, 19	9S	Range	3	7E , N	МРМ,				Lea	County		
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Condens			Address (Gi	we address to w	hich app	roved	copy of this fo	orm is to be se	nt)		
Name of Authorized Transporter of Casing		X	or Dry	Ge 🗔	Address (C.	ing address as all	L'-L						
Warren Petroleu			U48 []	Address (Give address to which approved P.O. Box 1589, Tuls				sa. Oklahoma 74102					
If well produces oil or liquids,						is gas actually connected? When							
give location of tanks.	M		9 S	B7E	Yes								
If this production is commingled with that f IV. COMPLETION DATA	rom any other	r lease or p	ool, gi	ve comming!	ing order nun	nb er :							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Dice	pen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded							<u> </u>		P.B.T.D.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay								
						,			Tubing Dept	Tuoing Depth			
Perforations									Depth Casin	g Shoe			
		IRING (12 4	NG AND	CEMENT	ING PECOP	D						
HOLE SIZE	T	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
				-									
V. TEST DATA AND REQUES					L.,				<u> </u>				
OIL WELL (Test must be after re Date First New Oil Run To Tank			f load	oil and must						for full 24 hou	rs.)		
Late First New Oil Rull 10 120k	Date of Test				Producing Method (Flow, pump, gas lift, et				(c.)				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
CAC WELL					<u> </u>								
GAS WELL Actual Prod. Test - MCF/D	T1 45 45 -27				Inio e :				10				
ACCURATION TON - MICHAEL	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 CERTIFIC	ATE OF	COMP	IIAN	NCE	 				1				
				NCE		OIL CON	NSF	RV	MOITA	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION APR 5 1989								
is true and complete to the best of my l					Dat	e Approve	ad.	A	רא פ	1303			
D. hum Fu	~ ~ ~					. ,							
Signatures 22					By_		RIGIN	AL SI	GNED BY	JERRY SEX	TON		
Signature Rebecca Olson								DIST!	CT I SUP	ERVISOR			
Printed Name April 3, 1989 Date	(505)		Title 5520 phone I		Title	9			·		~ .		
		·											

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.