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Appropriate District Office
DISTRICT 1
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

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210				ox 2088						
DISTRICT III		Sant	a Fe, New M	lexico 875	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	DEOL	IFOT FO	3 41 1 614 4							
I.	REQU	ESTFOR	R ALLOWA	BLE AND	AUTHOR	IZATION				
Operator		O THAN	SPORT OIL	_ AND NA	TURAL G	AS				
			Well	API No.						
Morexco, Inc.										
1	40.7	<b>.</b>								
Post Office Box	<u>481,</u>	Artesi	a, New I	Mexico	88211-0	0481				
Reason(s) for Filing (Check proper box)				Oth	er (Please exp	lain)				
New Well		Change in Tr	ansporter of:							
Recompletion	Oil	□ D	Ty Gas							
Change in Operator	Casinghead	i Gas 🔲 C	ondensate 🔲							
If change of operator give name and address of previous operator	kaco Pr	oducin	g, Inc.	, P.O.	Box 728	. Hobb	s. New	Mexico	88240	
• • •					- ·					
IL DESCRIPTION OF WELL	AND LEA	SE								
Lease Name		Well No. Po	ool Name, Includ	ng Formation Kind c			of Lease	1.	ease No.	
East Eumont Uni	t	50	Eumont	1			Federal or Fee St. B-2277			
Location								150.	D ZZ//	
Unit LetterD	_ : 660	) F:	ect From The	N , in	6	60 _		X 11	)	
		•	a right the	Lai	c and	he	et From The _	<u>~</u> ~	Line	
Section 22 Townshi	<u>p 1</u>	.98 R	ange 3	37E .N	МРМ,			Lea	Country	
									County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensat			e address 10 m	hich approved	copy of this for	m is to be se	ent)	
Texas-New Mexico Pipeline					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casing	Address (Gir	e address to w	hick approved	JS, NEW	TIEXIC	0 00240				
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,	In one armali	DOX 130								
give location of tanks.		Twp.   Rge. Is gas actually connected?			•	When ?				
If this production is commingled with that	fmm any other			Yes	<del></del>		957			
IV. COMPLETION DATA	nom any out	a tease of poc	a, give commingi	ing order num	ber:	<del>-</del>				
		Oil Well	Gas Well	1		·	, <del></del>		<del>-</del>	
Designate Type of Completion	- (X)	I wen	1 Gas well	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		<u> </u>	Total Depth	<u></u>		└─ <u>─</u> ─┴		1	
•	Daw Comp	Roddy W11	<b></b>	l load Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pri	oducing Form	31,00	Top Oil/Gas Pay			<del> </del>			
( , , , , ,	action 100 Old Cas Pay				Tubing Depth	J				
Perforations										
							Depth Casing	Shoe		
	ייר	UDING C	A CINIC AND	CE) (E) IT	NO PEGGE		<u> </u>	<del></del>		
HOLE SIZE		TUBING, CASING AND								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
<del></del>										
U MEGT DAMA AND DEGLES		<del></del>								
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re	ecovery of tou	al volume of l	oad oil and must	be equal to or	exceed top all	owable for this	depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	į.		Producing M	ethod (Flow, p	ump, gas lift, e	tc.)			
I	(T.)									
Length of Test	Tubing Pres	ans		Casing Pressure			Choke Size			
And Del Del To										
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	•		Gas- MCF			
				]			ļ			
GAS WELL										
Actual Prod. Test - MCF/D		Bbls Conder	sate/MMCF		Gravity of Co	-d				
	Length of Test			Bbls. Condensate/MMCF			Giarrily of Co	City of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
2 a server		( ш)		- Ling 1103	ore (ontarill)		CHOKE SIZE			
M OPERATOR CERTIFIC	<u> </u>			<del> </del> г ——			<u> </u>			
VI. OPERATOR CERTIFIC				11 /		IOEDV	4 TION 5			
I hereby certify that the rules and regula	ations of the (	Dil Conservati	ion	11 '	OIL COI	A2FHA	ATION [	NVISIC	)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						1	MAR 1 3 1989			
is a constant complete to the best of my i	Date	Approve	ed . "	MAN T 9 1202						
Delicano Ci	وبمزير					<del>-</del>				
Rebecca Ce	$\frac{\mathcal{O}'}{\mathcal{O}'}$			D		ORIGIN	AL SIGNED	BY JERRY	SEXTON	
Signature Rebecca Olson	7	gent		By_			<del>district i s</del>		_	
Printed Name			ule							
		4.1	<b>v</b>	11 T:41~						

March 1, 1989 (505) 746-6520 te Telephone No. 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.

Tit!e

- 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.