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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Morexco, Inc.	10 111	711101	OTT OIL	ANDIA	I OTTAL CIA		Pl No.			
Address Post Office Box	481, Arte	esia	New M	exico	38211-04	181				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change	in Transp	conter of:	Oth	ct (Please explai	n) Inje	ction s, New M	lexico	88240	
and address of previous operator					<u>,,,,</u>			·		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, In			Name, Includir	fing Formation Kind			of Lease Lease No.			
East Eumont Uni	t 85		Eumont	-Yates-SR-Q S			tate, Federal or Fee St. A-1118			
Location Unit LetterA	: 330	Feet I	From The	N Line	330) Fe	et From The	Е	Line	
Section 34 Townshi	_p 19S	Range	<u>.</u> 3	7E , N	мРМ,			Lea	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Injection Name of Authorized Transporter of Casin	or Cond	ensate	ND NATUI	Address (Giv			copy of this form	 		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Juit Sec. Twp. Rge. Is gas actually connected?				When	When ?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease o	or pool, g	give comming!	ing order num	ber:					
Designate Type of Completion	- (X)	eli [Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth	l		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				:			Depth Casing Shoe			
	TUBING	G. CAS	SING AND	CEMENTI	NG RECORI	D				
HOLE SIZE		SING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							-		· -	
V. TEST DATA AND REQUE				1			1			
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Date Flist New Oil Run To Fame	Date of Test									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL					<u> </u>		<u> </u>			
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 CERTIFIC I hereby certify that the rules and regularity in have been complied with and is true and complete to the best of my	lations of the Oil Con I that the information	servation given abo	1		OIL CON		MAR 1	_		
Reburg Olson				By_			SIGNED BY		EXTON	
Signature Pichecca Olson Agent				Dy -		Di	STRICT I SUP	ERVISOR		
Printed Name That Ch. 2, 1989 Date	(505) 746	Title -6521		Title				,	Sariannia (
Date				1					* * * * * * * * * * * * * * * * * * *	

INS : RUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Progress 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.

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