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 Tn.G.							Well Al	Pl No.		
[V]() P X (: () =										
Morexco, Inc.										
Post Office Box	481.	Artes	ia.	New Me	exico 8	8211-04	181			
Reason(s) for Filing (Check proper box)	1017	111 000			Othe	(Please explai	in)			
New Well		Change in	Transpor	ter of:		•	•			
	Oil		Dry Gas							
Recompletion \square		d Gas 🔲	•							
Change in Operator	Casagnead	3 028	Collocas	Tna	D O E	20 × 728	Hobbs	, New M	exico	88240
f change of operator give name Texa and address of previous operator	aco Pi	coauci	.ng,	Inc.,	P.O. 1	OX 720 I	- HODDS	, new 1		
•										
I. DESCRIPTION OF WELL A	AND LEA	ISE					1 77. 1		1 1	ase No.
Lease Name	,	l		me, Including	=	an 0		Lease Federal or Fee	1	E-274
East Eumont Unit	<u>t</u>	90	<u> </u>	Jumont.	-Yates-	-SR-Q	0,.		SL.	E-2/4
Location					_	-			3.7	
Unit LetterH	: 660	<u> </u>	Feet Fro	om The	E Line	and	1980 _{F∞}	t From The	N	Line
Section 34 Township	, <u> </u>	19S	Range	3_	7E , N	ирм,			Lea	County
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATUF	RAL GAS	_				
Name of Authorized Transporter of Oil	<u>Т</u>	or Conden		\neg	Address (Giv	e address 10 wh	ich approved	copy of this for	n is to be se	ent)
Texas-New Mexic	1 1	eline			P.O. 1	3ox 2528	B, Hobb	os, New	Mexic	o 88240
Name of Authorized Transporter of Casing		[X]	or Dry	Gas [Address (Giv	e address to wh	ich approved	copy of this for	m is to be so	ent)
Warren Petroleu			-	[PO	30x 158	9. Ծմշո	sa, Okla	homa	74102
				l Roc			When			
If well produces oil or liquids, give location of tanks.	Unit				e ·			958		
	P				·			, 50		
f this production is commingled with that f	rom any ou	ner lease or	poor, giv	e commungii	ing order num	<u> </u>				
IV. COMPLETION DATA					1 1 11 11 11	1 32 - 1	D	Plug Back S	ame Pec'v	Diff Res'v
Designate Type of Completion	(Y)	Oil Well	, ,	Gas Well	New Well	Workover	Deepen	I LING DECK IS	AIIIC ACS	I I
		_!			Total Depth	<u>. </u>		P.B.T.D.		
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depar			F.B.1.D.		
	ļ				Top Oil/Gas	Day		T. V D 1		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormation	ı j	Top Oil Cas	r ay		Tubing Depth		
					l			D. d. Codes	Chas	
Perforations								Depth Casing	Shoe	
								<u>!</u>		
	•	TUBING	, CASI	NG AND	CEMENT	NG RECOR	<u>m</u>			
HOLE SIZE	C/	ASING & T	UBING	SIZE		DEPTH SET	·	S	ACKS CEN	MENT
				•						
										
	+				1			-1		
								1		
	+									
V TEST DATA AND DEOLE	ST FOR	ALLOW	ABLE							
	ST FOR	ALLOW	'ABLE	oil and must	the equal to o	r exceed top all	lowable for th	is depth or be fo	or full 24 ha	ours.)
OIL WELL (Test must be after t	recovery of	total volum	ABLE	oil and must	t be equal to a	r exceed top ali	lowable for th	is depth or be fi	or full 24 ha	ours.)
	ST FOR recovery of Date of T	total volum	ABLE e of load	oil and must	t be equal to a	r exceed top ali lethod (Flow, p	lowable for th pump, gas lift,	is depth or be fi	or full 24 ha	ows.)
Date First New Oil Run To Tank	Date of T	total volum Test	ABLE e of load	oil and must	Producing N	fethod (Flow, p	lowable for th ownp, gas lift,	is depth or be field.)	or full 24 ha	ours.)
OIL WELL (Test must be after t	recovery of	total volum Test	ABLE e of load	oil and must	Producing N	fethod (Flow, p	lowable for th nump, gas lift,	elc.)	or full 24 ho	ours.)
OIL WELL (Test must be after to Date First New Oil Run To Tank Length of Test	Date of T	total volum Test	ABLE e of load	oil and must	Producing N Casing Pres	sure	lowable for th nump, gas lift,	Choke Size	or full 24 ho	ours.)
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of T	total volum Test Pressure	ABLE e of load	oil and must	Producing N	sure	lowable for th nump, gas lift,	elc.)	or full 24 ho	ours.)
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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.

A) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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