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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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

RECLIEST FOR ALLOWARI F AND ALITHORIZATION

	TOTE		PORT OIL							
• Operator	AND NA	OT IAL GA		API No.						
Morexco, Inc.										
Address	403 -				0011 01					
Post Office Box Reason(s) for Filing (Check proper box)	: 481, Arte	sıa,	New Me		8 2 1 1 – 0 4 1 (Please expla					
New Well	Change	in Trans	porter of:		i (Fiease expia	in)				
Recompletion		Dry (								
Change in Operator	Casinghead Gas									
f change of operator give name Tex	aco Produc	ing,	Inc.,	P.O. B	ox 728,	Hobbs	, New	Mexico	88240	
and address of previous operator							<del></del>			
L. DESCRIPTION OF WELL		n Bool	Name, Includir	a Comption		W:- 4	of Lease	1		
Lease Name East Eumont Uni				Lease Lease No. St. B-2330						
Location	lt   108		Bullone	Taces	DK Q				2 2 3 3 0	
Unit LetterD	_ :660	Feet	From The	N Line	and	660 Fe	et From The	W	Line	
Section 1 Towns	nip 20S	Rang	ge 37	7E , N	лРМ,	<del></del>		Lea	County	
III. DESIGNATION OF TRAI	NSPORTER OF	OIL.A	ND NATH	RAL GAS						
Name of Authorized Transporter of Oil	or Com				e address to wi	hich approved	copy of this fo	orm is to be si	ent)	
Texas-New Mexic	( )	<u> </u>		P.O. E	ox 2528	Hobb	s, New	Mexic	0 88240	
Name of Authorized Transporter of Casi			ту G28	Address (Giv	e address 10 w	hich approved	copy of this f	orm is to be si	ent)	
Warren Petroleum Corporat				P.O. Box 1589, Tuls						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp	_	Is gas actually connected?			When ?			
	P   35	198		Yes		1 19	156			
If this production is commingled with the IV. COMPLETION DATA	I from any other lease	or pooi,	Bive comming:	ing order num	ж. 		<u> </u>			
	Oil W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	·	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	<u> </u>	Ĺ	<u> </u>		
Date Spudded	Date Compl. Read	y to Prod	<u>L</u>	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Name of Producing Formation			Top Oil Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
renoiations							Depui Casii	ng Snoc		
	TURIN	G CA	SING AND	CEMENTI	NG RECOR	<u> </u>	<u> </u>			
HOLE SIZE		NG & TUBING SIZE		DEPTH SET			SACKS CEMENT			
W MOOT DATE AND DECLY		VI/ A DI	<del></del>	<u> </u>			1			
V. TEST DATA AND REQUI	tSI FUR ALLU  r recovery of total volu			he equal to o	r exceed top al	loumble for th	ie denth as he	for full 24 ha	ure l	
Date First New Oil Run To Tank	Date of Test	one of to	DE OU BALL ALLS!	<del></del>	ethod (Flow, p			JOF JEE: 24 110	<del></del>	
	520 07 752					, , ,	•			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF			
GAS WELL				<del></del>						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
								Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choice Size		
VI. OPERATOR CERTIFI	CATE OF CO	MPLL	ANCE		011 00		/ATION!			
I hereby certify that the rules and re-	gulations of the Oil Co	nservatio	on.		OIL CO	NSEHV	'A HON	DIVISI	ON	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							MAR	MAR 1 3 1989		
is true and complete to the best of n	ly knowledge and belie	E1.		Dat	e Approv	e <b>d</b>	1417-(1/	T 0 100	U	
Di hicco ic	1-0500									
State Deca Olson Agent						ORIGINAL	SIGNED B	JERRY SE	XTON	
						DIS	TRICT I SU	PERVISOR		
1 ted Nume		11:		- H ∃ H	9					
Marc <u>h 1, 1989</u> Date	(505) /46-	-6521 Tdur!	Ų							
1				11						

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

- 1) Respect for allowable for newly drilled or dispensed well must be secon penied 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.

RECEIVED

MAR 3 1989

OCD BOASS OFFICE