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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 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| STRICT III 00 Rio Brazos Rd., Aztec, NM 87410 | | | | | | UTHORIZA | | | | | |
|--|-----------------------------------|------------------------------|-------------------------|---------------------------|--|-------------------|--------------------------------------|--|-------------------------|------------|--|
| | T | O TRAI | NSPO | RT OIL | TAN DNA | URAL GAS | S Well AP | l No | | | |
| Morexco, Inc. | | | | | | | , | | | | |
| dress Post Office Box | 401 | | ·ia | Now Me | avico 8 | 38211-04 | 81 | | | | |
| | 401, | ALLES | , ia, | INCW III | Othe | r (Please explair | 1) | | | | |
| eason(s) for Filing (Check proper box) | 1 | Change in | Transport | ter of: | - ليا | • | | | | | |
| ecompletion | Oil | | Dry Gas | | | | . | _ : _ <u>_</u> | | | |
| nge in Operator X Casinghead Gas Condensate ange of operator give name Texaco Producing, Inc., P.O. Box 728 | | | | | | | Injection | | | | |
| thange of operator give name Text | aco Pr | oduci | ing, | Inc., | P.O. | Box /28, | HODDS | , New P | | 00240 | |
| DESCRIPTION OF WELL A | AND LEA | SE | | | | | | | 1 | No | |
| ease Name East Eumont Uni | Well No. 915 | Pool Na | ime, Includin Eumont | 6 · O.II.—GOL | | | f Lease Lease No. Federal or Fee St. | | | | |
| ocation | | | l | | | | 1000 | | W | | |
| Unit LetterK | 198 | 30 | Feet Fro | om The | S | e and | F∞ | t From The | | Line | |
| Section 2 Township | , 2 | 20S | Range | 3 | 7E , N | мрм, | | | Lea | County | |
| I. DESIGNATION OF TRANS | SPORTE | R OF O | 11. ANI | D NATUI | RAL GAS | | | | | | |
| lame of Authorized Transporter of Oil | | or Conden | sale | | Address (Giv | ve address to whi | ich approved | copy of this for | m is to be ser | nt) | |
| Injection | | | | | | | | | | -1 | |
| me of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| f well produces oil or liquids, ive location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actual | ly connected? | When | 7 | | | |
| this production is commingled with that i | from any oth | ner lease or | pool, giv | ve comming! | ing order nur | nber: | | | | | |
| V. COMPLETION DATA | | Oil Wel | 1 1 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | | | | İ | <u> </u> | <u> </u> | 1 | | _i | |
| Date Spudded | ded Date Compl. Ready to Prod. | | | | Total Depth | | | P.B.T.D. | | | |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | | | Depth Casing Shoe | | | |
| | | | | | CEL IELIT | THE DECOR | | | ·· | | |
| | | JBING, CASING AND | | | DEPTH SET | | | SACKS CEMENT | | | |
| HOLE SIZE | + CA | CASING & TUBING SIZE | | | | DEPTH SET | | | SAORO GEIMERY | | |
| | - | | | | | | | | | | |
| | | | | | ļ <u>.</u> | | | | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOV | VABLE | E | <u> </u> | | | | | | |
| OIL WELL (Test must be after | recovery of | total volum | ve of load | oil and mus | the equal to | or exceed top all | owable for th | is depth or be j | or full 24 ho | ws.) | |
| Date First New Oil Run To Tank | Date of T | | | | Producing 1 | Method (Flow, p | ump, gas 141. | eic.) | | | |
| Length of Test | Tubing P | Tubing Pressure | | | | ssure . | | Choke Size | | | |
| | | | | | Water - Bbis. | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | | | | | | | |
| GAS WELL | | | | | | | | 10 : 6 | C | | |
| Actual Prod. Test - MCF/D | Length o | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| | 1 = = | | | NCC | - | | | 1 | | | |
| VI. OPERATOR CERTIFIC | CATEC |)F CON | APLIA | INCE | | OIL CO | NSERI | /ATION | DIVISI | ON | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | | | MAR 1 3 1989 | | | |
| is true and complete to the best of m | y knowledge | e and belief | f. | | Da | ate Approv | ed | 1311.417 | T 0 10 | 02 | |
| Rebucca C | 1600 | į | | | 11 | | | | | . 5 | |
| | | | + | | By | / | DRIGINAL S | iig <mark>ned by .</mark> Rict I supe | JERRY SEX | KTON | |
| Signature Rebecca Olson | | <u>agen</u> | Tide | e | | tlo. | | | | | |
| Printed Name March 2, 1989 | (505 | 746 | | 0 | . 13 | tle | | | | | |
| Date | enterior services in the services | mander, recently on the con- | reichten | | T. ¹¹ | | | | a poers y di territorio | | |
| | | | | | | | | | | | |

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

(2) かったした。食べきと記念が様だしながら、物かったのでは、これが養殖がある。

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MAR 3 1989 OCD HOBBS OFFICE