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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mercury Exploration Company		Well API No. 30-025-26952
Address 1619 Pennsylvania Avenue, Fort Worth, Texas 76104		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Lynch Deep Unit	Well No. 1	Pool Name, Including Formation West Lynch Morrow	Kind of Lease State, Federal or Fee	Federal Lease No. 039256
Location Unit Letter 0 : 2310 Feet From The east Line and 660 Feet From The south Line Section 28 Township T-20-S Range R-34-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corp	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Gas <input checked="" type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 28
	Twp. 20 S	Rge. 34 E
	Is gas actually connected? Yes	
	When? 9-9-91	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 6-14-80	Date Compl. Ready to Prod. 9-12-80		Total Depth 13,875		P.B.T.D. 13,771			
Elevations (DF, RKB, RT, GR, etc.) KDB 3752' GL 3728'	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,406		Tubing Depth 13,135			
Perforations				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20" 95#	1622'	1700 SXS LW + 200 C
17 1/2"	13-2/8" 61#	3400'	2000 SXS LW + 200 SXS C
12 1/2"	9-5/8" 26#	5300'	1480 SXS
6 1/2"	5 1/2" 17#	13,875'	2050 SXS

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 413	Length of Test 24 HRS	Bbls. Condensate/MMCF 21 BPD	Gravity of Condensate 53
Testing Method (pilot, back pr.) BACK PR	Tubing Pressure (Shut-in) 1200	Casing Pressure (Shut-in) 0	Choke Size 20/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Patricia L. Taber
Signature **Patricia L. Taber** Agent
Printed Name
Date **October 1, 1991** Telephone No. **817/332-9133**

OIL CONSERVATION DIVISION

Date Approved _____
By *Paul Kautz* **Paul Kautz** Geologist
Title _____

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