

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
Operator: Mewbourne Oil Company
Address: P. O. Box 7698, Tyler, Texas 75711
Reason(s) for filing (Check proper box):
New Well: Change In Transporter of:
Recompletion: Oil: Dry Gas:
Change In Ownership: Casinghead Gas: Condensate:

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: GULF-STATE Well No.: 1 Pool Name, Including Formation: WARREN-TUBB R-8667 Kind of Lease: 6/1/88 State, Federal or Fee: State Lease No.: NM L-2950
Location: Unit Letter E; 1980 Feet From The North Line and 330 Feet From The West
Line of Section 36 Township 20 South Range 38 East, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Getty Trading and Transportation Co. Address (Give address to which approved copy of this form is to be sent): P. O. Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Getty Oil Company Address (Give address to which approved copy of this form is to be sent): P. O. Box 1650, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks: Unit E Sec. 36 Twp. 20S Rge. 38E Is gas actually connected? Yes When _____

If this production is commingled with that from any other lease or pool, give commingling order number: R-8613 (NAC)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date Spudded: <u>5/02/72</u>	Date Compl. Ready to Prod.: <u>9/04/87</u>	Total Depth: <u>7420'</u>	P.B.T.D.: <u>7400'</u>					
Elevations (DF, RKB, RT, CR, etc.): <u>3570 GL</u>	Name of Producing Formation: <u>Tubb</u>	Top Oil/Gas Pay: <u>6518'</u>	Tubing Depth: <u>7304' SN</u>					
Perforations: <u>6612-6761'</u>	Depth Casing Shoe: <u>---</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1675'	730
8-5/8"	4-1/2"	7420'	400
4-1/2"	2-3/8"	7304'	

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 Tanks: <u>9/08/87</u>	Date of Test: <u>3/15/88</u>	Producing Method (Flow, pump, gas lift, etc.): <u>Pump</u>	
Length of Test: <u>24 hours</u>	Tubing Pressure: <u>---</u>	Casing Pressure: <u>---</u>	Choke Size: <u>---</u>
Actual Prod. During Test:	Oil-Bbls.: <u>1</u>	Water-Bbls.: <u>4</u>	Gas-MCF: <u>4</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Raylon Thompson
(Signature)
Engineering Operations Secretary
(Title)
March 22, 1988
(Date)

OIL CONSERVATION COMMISSION
APPROVED: MAR 22 1988, 19_____
BY: ORIGINAL SIGNED BY JERRY SEXTON
TITLE: DISTRICT I SUPERVISOR
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.