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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FD-100
Supersedes Old C-101 and C-102
Effective 1-1-65

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 ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name CONOCO-FEDERAL	Well No. 1	Pool Name, including Formation D-K ABO	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-07954
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Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 30 Township 20S Range 39E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
WESTERN CRUDE OIL, INC. P.O.Box 1142, MIDLAND, TEXAS 79701

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
BETTY OIL COMPANY P.O.Box 1650, TULSA, OKLAHOMA

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 30	Twp. 20S	Rge. 39E	Is gas actually connected? YES	When
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this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reat.	Diff. Reat.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Devations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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.


(Signature)

Exploration Secretary

(Title)

August 30, 1982

(Date)

OIL CONSERVATION COMMISSION

SEP 3 1982

APPROVED _____, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

DISTRICT 1 SUPR.

TITLE _____

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.

NO. 193

1982

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SEP 2 1982

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