STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MERCURY EXPLORATION COMPANY

Address
1619 PENNSYLVANIA AVE FORT WORTH, TX 76104

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [ ]
Change in Ownership [X]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CHANGE OPERATOR
AS OF APRIL 1, 1989

If change of ownership give name and address of previous owner MOBIL PRODUCING TX & NM INC 9 GREENWAY PLAZE SUITE 2700 HOUSTON, TEXAS 77046

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
GOVERNMENT "H" COM	1	HAT MESA MORROW	State, Federal or Fee FEDERAL	NM 03621

Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST
Line of Section 10 Township 21-S Range 32-E , NMPM, LEA Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
~~Tex~~ PERMIAN ~~CORPORATION~~
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 [ ] or Dry Gas [X]
* GAS CO. OF NEW MEXICO
** LIANO, INC
Address (Give address to which approved copy of this form is to be sent) 1ST INTERNATIONAL BLDG. DALLAS, TX Box 1320 HOBBS, NM 88240

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
G	10	21S	32E	YES YES	* 10-14-74 ** 1-6-76

If 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 Res'v.	Diff.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-30-73	4-12-74	14,374	14,245
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
RKB 3800 GL 3783	MORROW	13,888	13,775
Perforations			**Depth Casing Shoe**
13,888 - 13,934			14,374

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13⅜" 61#	350'	400 SX
12¼"	10¾" 45#	5600'	2100 SX
	7⅝" 33#	5,383 - 11,187	1545 SX
	5" 18#	10,984 14,374	500 SX

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
4223	1.75 HRS	22.7	55
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
BACK PSI	1845	0	20/64

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.

(Signature)
AUTHORIZED AGENT
(Title)
6-27-89
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 06 1989, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able 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 con

Separate Forms C-104 must be filed for each pool in m completed wells.