| STATE OF NEW MEXICO  | i.  |   | Revised 10-1-70  |  |
|--|---|---|--|--|
| AGY AND MINERALS DEPARTMENT  | OIL CONSERVA                                |   |  |  |
| 0 11 1 M IN 11 10H   | P. O. HOX<br>SANTA FE, NEW                  | . 2088<br>MEXICO 87501  |  |  |
| FAULA 78   | SANTATE, NEW                                |   |  |  |
| U. S. (J. J.   | REQUEST FOR                                 | ALL OWARL F   |  |  |
|  | AN  | D   |  |  |
| UANDPORTER UAD   | AUTHORIZATION TO TRANSPO                    | ORT OIL AND NATURAL GAS   | ,  |  |
| FROMATION OFFICE   |   | ىرىنى خىرىنىدى بەرسىيەنىيە بەر مەسىيەت بىر سەرىپى بەر يەرىپى يۇرىن يەك خانلىك بىك سەمە مەر بىلى بەر بىلەر يەر ب   |  |  |
| MEWBOURNE O  | IL COMPANY                                  | ويرون والمراجع والمراجع والمحادية ويوجعه والمتابع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع  |  |  |
| h d land   | 698, TYLER, TEXAS 75711                     |   |  |  |
| P. O. BOX /<br>Reason(s) for filing (Check proper box  |   | Other (Please exploin) eff  |  |  |
| New Well   | Change in Transporter bi:                   | Western Crude Oil,  | Inc. name changed to   |  |
| Recompletion   | CIS XX Dry Gas                              |   | Transportation Co.   |  |
| Change in Ownership  | Casingheod Gas Condens                      |   |  |  |
| If change of ownership give name   |   |   |  |  |
| and address of previous owner  | ). (). (). (). (). (). (). (). (). (). (    | band Alex   |  |  |
| DESCRIPTION OF WELL AND  | Well No. Pool Name, Including For           | rmation R-8593 Kind of Lease  |  |  |
| SUNSHINE ROYALTY CO.   | 1 DRINKARI                                  | D 2/1/38 State, Federa  |  |  |
| Location   | North                                       | 660 Feet From   | The West   |  |
| Unit Letter <u>E</u> ; 198   | 0 Feet From The North Line                  | and Feet From   | -<br>-   |  |
| Line of Section 17 T.  | mship 22S Range                             | 38E , NMPM,   | Lea County   |  |
| And the second sec   | TED OF OUL AND NATURAL GAS                  | S   |  |  |
| None of Authorized Transporter of Ci   | TER OF OIL AND NATURAL GA                   |   |  |  |
| Contact Transform and Trans  | nortation Company                           | P.O. Box 1142, Midland,<br>Address (Give address to which appro   | ved copy of this form is to be sent)                                   |  |
| Name of Authorized Transporter of Co   | singhead Cos As Cr Dry Car                  | P. O. BOX 1650, TULSA,  | OKLAHOMA   |  |
| GETTY OIL COMPANY  | Unit Sec. Twp. Rge.                         | is gas octually connected?  | en   |  |
| If well produces oil or liquids,<br>give location of tanks,  | E 17 22S 38E                                | YES   |  |  |
| If this production is commingled w   | ith that from any other lease or pool,      | give commingling order number   | Plug Back   Same Resty, Dill. Hesty                                    |  |
| COMPLETION DATA  |   | New Well Workover Deepen  |  |  |
| Designate Type of Completi   | Date Compl. Ready to Prod.                  | Total Dopth   | P.B.T.D.   |  |
| Date Spudded   |   |   | Tubing Depth   |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                 | Top Oll/Gas Pay   | Lubing Depin   |  |
|  |   |   | Depth Casing Shoe  |  |
| Perforations   |   | COUNTING DECORD   |  |  |
|  | TUBING, CASING, AND<br>CASING & TUBING SIZE | CEMENTING RECORD  | SACKS CEMENT   |  |
| HOLE SIZE  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
| TEST DATA AND REQUEST I  | OR ALLOWABLE (Test must be o                | fier recovery of total volume of load of  | l and must be equal to or exceed top allo                              |  |
| OUT WELL   | able for this de                            | pth or be for full 24 hours)<br>  Producing Method (Flow, pump, gas a   | lijt, etc.)  |  |
| Dute First New Oil Hun To Tonas  |   |   | Choke Size   |  |
| Lungth of Test   | Tubing Pressure                             | Casing Pressure   |  |  |
|  | Cil-Bble.                                   | Water - Bble.   | Gas-MCF  |  |
| Actual Pred. During Test   |   |   |  |  |
| ومراجعة والمراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والم   |   |   |  |  |
| GAS WELL<br>Actual Prod. Test-MCF/D  | Length of Test                              | Bble. Condensute/MMCF   | Gravity of Concensate  |  |
| Actual Prod. Teatenet 70   |   | Casing Freesure (Shut-in)   | Choxe Size   |  |
| Teeling Method (pilot, back pr.)   | Tubing Presswe (Shut-in)                    |   |  |  |
| COUDT IA   | NCE   | OIL CONSERV   | TION DIVISION  |  |
| CERTIFICATE OF COMPLIA   |   | APPROVED JAN 17   |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief.   |   | ORIGINAL SIGNED BY ORIGINAL SIGNED BY USY   |  |  |
|  |   |   |  |  |
| 41/2t  |   |   | a compliance with MULE 1994.<br>A washin for a newly drilled or desper |  |
| Alu the m  | mprou                                       | This form is to be fired in comparison of a newly drilled or despen<br>If this is a request for allowable for a newly drilled or despen<br>well, this form must be accompanied by a tabulation of the deviation<br>well, this form must be accompanied by a tabulation of the deviation |  |  |
|  | (ALL OF OF FTARY                            | well, this form must be accompanied by a third of a tri-<br>tests taken on the well in accordance with AULE 111.<br>All sections of this form must be filled out completely for all<br>All sections of this form two leasts   |  |  |
|  | ON SECRETARY                                | able on new and recommended   | A AN LOCAL DE                      |  |
| JANUAL   | <b>XY 11,</b> 1983                          | Fill out only Sections 1, 11, 111, and VI to there of conditi   |  |  |
| A REAL PROPERTY AND A REAL | l'att.                                      | Separate Foins C-104 av   | net he filled for such pool in multi                                   |  |
|  |   | completed wells.  |  |  |

|                       | SANTA FE   | REQUEST                               |  | Supersedes Old C-101 and C<br>Effective 1-1-65  |  |  |
|-----------------------|--|---------------------------------------|--|---|--|--|
| ļ                     | FILE<br>U.S.G.S.   |                                       | AND<br>NSPORT OIL AND NATURAL  | C 4 5   |  |  |
|                       | AND OFFICE   | AUTHORIZATION TO TRA                  | NSPURT OIL AND NATURAL   | GAS   |  |  |
|                       | OIL  |                                       |  |   |  |  |
|                       | TRANSPORTER GAS  |                                       |  |   |  |  |
|                       | OPERATOR   |                                       |  | -   |  |  |
|                       | PRORATION OFFICE   |                                       |  |   |  |  |
| J.,                   | Operator   | <u>]</u>                              |  |   |  |  |
|                       | MEWBOURNE OIL  | COMPANY                               |  |   |  |  |
|                       | Address  |                                       |  |   |  |  |
|                       | P. O. BOX 769  | 98, TYLER, TEXAS 75711                |  |   |  |  |
|                       | Reason(s) for filing (Check proper box)  |                                       | Other (Please explain)   |   |  |  |
|                       | New Well   | Change in Transporter of:             |  |   |  |  |
|                       | Recompletion   | Oli 🔀 Dry Ga                          | a 🔲  |   |  |  |
|                       | Change in Ownership  | Casinghead Gas 🚺 Conden               |  |   |  |  |
|                       |  |                                       |  |   |  |  |
|                       | If change of ownership give name<br>and address of previous owner  |                                       |  |   |  |  |
|                       | and address of previous owner  | · · · · · · · · · · · · · · · · · · · |  |   |  |  |
| 11.                   | DESCRIPTION OF WELL AND  | LEASE                                 |  |   |  |  |
|                       | Lease Name   | Well No. Pool Name, Including Fo      |  |   |  |  |
|                       | SUNSHINE ROYALTY CO.   | 1 DRINKARI                            | ) State, Føde  | ral or Fee FEE  |  |  |
|                       | Location   |                                       |  |   |  |  |
|                       | Unit Letter E : 198  | 30 Feet From The North Lin            | e and <u>660</u> Feet Fior   | n The West  |  |  |
|                       |  |                                       |  |   |  |  |
|                       | Line of Section 17 Tov   | waship 22S Range                      | <u>38E , NMPM,</u>   | Lea County  |  |  |
|                       |  | •                                     |  |   |  |  |
| il.                   | DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA             | S  | roved copy of this form is to be sent)  |  |  |
|                       | Name of Authorized Transporter of Oll  |                                       |  |   |  |  |
|                       | WESTERN CRUDE OIL, IN  |                                       | P. O. BOX 1142, MIDLA  |   |  |  |
|                       | Name of Authorized Transporter of Cau  | singhead Gas XX or Dry Gas            |  | roved copy of this form is to be sent)  |  |  |
|                       | GETTY OIL COMPANY  |                                       | P. O. BOX 1650, TULSA  |   |  |  |
|                       | If well produces oil or liquids,   | Unit Sec. Twp. Rge.                   |  | Vhen  |  |  |
|                       | give location of tanks.  | E 17 22S 38E                          | YES  |   |  |  |
|                       | If this production is commingled with  | th that from any other lease or pool, | give commingling order number:   | ·   |  |  |
|                       | COMPLETION DATA  |                                       |  | Plug Back Same Resty. Diff. Res   |  |  |
|                       | Designate Type of Completio  | on - (X)                              | New Well Workover Deepen   | Prud Duck Sumeries (, Drift Her   |  |  |
|                       |  |                                       |  | Р.В.Т.Р.  |  |  |
|                       | Date Spudded   | Date Compl. Ready to Prod.            | Total Depth  | F.B.1.D.  |  |  |
|                       |  |                                       |  | Tubing Depth  |  |  |
|                       | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation           | Top Oil/Gas Pay  | Tubing Depti.   |  |  |
|                       |  |                                       |  | Depth Casing Shoe   |  |  |
|                       | Perforations   |                                       |  | Depth Coenty Shou   |  |  |
|                       |  |                                       |  |   |  |  |
|                       |  |                                       | CEMENTING RECORD   | SACKS CEMENT  |  |  |
|                       | HOLE SIZE  | CASING & TUBING SIZE                  | DEPTH SET  | SACKS CEMENT  |  |  |
|                       |  |                                       |  |   |  |  |
|                       |  |                                       |  |   |  |  |
|                       |  |                                       |  |   |  |  |
|                       |  |                                       | <u></u>  | ······································  |  |  |
| v.                    | 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 all able for this depth or be for full 24 hours) |                                       |  |   |  |  |
|                       | OIL WELL<br>Date First New Oil Run To Tanks  | Date of Test                          | Producing Method (Flow, pump, gas  | lifi, etc.)   |  |  |
|                       | Date First New OII Run 10 Fully  |                                       |  |   |  |  |
|                       | Length of Tust   | Tubing Pressure                       | Casing Pressure  | Choke Size  |  |  |
|                       | Length of 1991   |                                       | - · · · · ·  |   |  |  |
|                       | A L Duel Dueleg Test   | Oil-Bble.                             | Water - Bbla.  | Gas-MCF   |  |  |
|                       | Actual Prod. During Test   |                                       |  |   |  |  |
|                       | ]  |                                       |  |   |  |  |
|                       |  |                                       |  |   |  |  |
|                       | GAS WELL<br>Actual Prod. Test-MCF/D  | Length of Test                        | Bbis. Condensate/MMCF  | Gravity of Condensate   |  |  |
|                       | Actual Prod. 1001-MCF/D  |                                       |  |   |  |  |
|                       |  | Tubing Pressure (Shut-in )            | Casing Pressure (Shut-in)  | Choke.Size  |  |  |
|                       | Testing Method (pitot, back pr.)   | Tubing Presence (onne-ta )            |  | 1   |  |  |
|                       |  |                                       |  | ATION COMMISSION  |  |  |
| 7 <b>1.</b>           | CERTIFICATE OF COMPLIAN  | CE                                    | OIL CONSERV  |   |  |  |
|                       |  |                                       | APPROVED CFD 9   | 1982 19   |  |  |
|                       | I hereby certify that the rules and regulations of the Oil Conservation  |                                       | ORIGINAL S   | IGNED BY  |  |  |
|                       | Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief.  |                                       | BYJERRY SEXTON   |   |  |  |
|                       |  |                                       | DISTRICT   |   |  |  |
|                       | C/ n.  | 0                                     |  | · · · · · · · · · · · · · · · · · · ·   |  |  |
|                       | a libr   |                                       | This form is to be filed i   | n compliance with RULE 1104.  |  |  |
| Exploration Secretary |  | an mon                                |  | If this is a request for allowable for a newly drilled or deeper<br>well, this form must be accompanied by a tabulation of the deviat<br>tests taken on the well in accordance with RULE 111. |  |  |
|                       |  |                                       | I  |   |  |  |
|                       |  | tary                                  | tests taken on the well in acc<br>All sections of this form p  |   |  |  |
|                       |  | tle)                                  | able on new and recompleted  | Weila.  |  |  |
|                       | August 30, 1982  |                                       | Fill out only Sections I, II, III, and VI for changes of owr<br>well name or number, or transporter, or other such change of condition |   |  |  |
|                       |  | 21e)                                  | well name or number, or transp   | often of other such change of condition   |  |  |
|                       |  |                                       | Separate Forms C-104 m   | ust be filed for each pool in multi   |  |  |
|                       |  |                                       | completed wells.   |   |  |  |

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|         | SANTA FE<br>FILE<br>U.S.G.S.<br>AND OFFICE<br>I RANSPORTER<br>GAS   | REQUEST  | FOR ALLOWABLE<br>AND<br>ANSPORT OIL AND NATURAL O  | Form C-104<br>Supersedes Old C-104 and C-110<br>Effective 1-1-65 |  |
|---------|---|--|--|--|--|
|         | OPERATOR  |  |  |  |  |
| 1.      | Operator  |  |  |  |  |
|         | MEWBOURNE OIL   | COMPANY  |  |  |  |
|         | 330 Citizens B  | ank Building, Tyler, To  | ······································   |  |  |
|         | Reason(s) for filing (Check proper box)<br>New We!!   | Change in Transporter of:  | Other (Please explain)<br>Change in name   | of Operator only   |  |
|         | Recompletion Change in Ownership  | Oil Dry Ga<br>Casinghead Gas Conden  | s 🗌 from Mark Produ  | ction Company  |  |
|         | If change of ownership give name  |  |  |  |  |
|         | and address of previous owner   | Change in operating  | name only (same ownersh  | 11).   |  |
| Н.      | DESCRIPTION OF WELL AND LE  | escription of WELL AND LEASE<br>.ease Name Well No. Pool Name, Including Formation Kind of Lease Lease 1 |  |  |  |
|         | Sunshine Royalty Co.  | 1 Drinkard   | State, Federa  | lor Fee Fee  |  |
|         | 1   | 0_Feet From TheLin   | e and Feet From T  | CheW   |  |
|         | Line of Section 17 Towns  | ship 22 S Range  | <u>38 Е , ммрм, Le</u>   | a County   |  |
| III.    | DESIGNATION OF TRANSPORTE   | R OF OIL AND NATURAL GA  | IS   |  |  |
|         | Name of Authorized Transporter of Oll K   | X or Condensate  | Address (Give address to which approv  |  |  |
|         | The Permian Corpora<br>Name of Authorized Transporter of Casing   | ghead GasXX or Dry Gas   | P. O. Box 3119, Mid1<br>Address (Give address to which approx  | ed copy of this form is to be sent)                              |  |
|         | Warren Petroleum C  |  | P. O. Box 1589, Tuls   |  |  |
|         | If well produces oil or liquids,<br>give location of tanks.   | Jnit Sec. Twp. P.ge.<br>E 17 22 38   | Yes  |  |  |
|         | If this production is commingled with   | that from any other lease or pool,   | give commingling order number:   | ·······  |  |
| 1.      | Designate Type of Completion  |  | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.                             |  |
| •       |   | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.   |  |
|         |   | Jame of Producing Formation  | Top O!!/Gas Pay  | Tubing Depth   |  |
|         | Elevations (DF, RKB, RT, GR, etc.)  |  |  |  |  |
|         | Perforations  | • .  |  | Depth Casing Shoe  |  |
|         |   |  | CEMENTING RECORD   |  |  |
|         | HOLE SIZE   | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT   |  |
|         |   |  |  |  |  |
| 1       |   | ·<br>  |  |  |  |
| V.      | TEST DATA AND REQUEST FOR   | ALLOWABLE (Test must be a)<br>able for this de   | fter recovery of total volume of load oil .<br>oth or be for full 24 hours)  | and must be equal to or exceed top allow-                        |  |
|         | OIL WELL     able for this depin 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 T  | ubing Pressure   | Casing Pressure  | Choke Size   |  |
|         | Actual Prod. During Test C  | Dil-Bbis.  | Water-Bbis.  | Gae-MCF  |  |
| ĺ       |   |  | <u> </u>   |  |  |
|         | GAS WELL  |  | Bbls. Condensate/MMCF  | Gravity of Condensate  |  |
|         | Actual Prod. Test-MCF/D L   | ength of Test  | BDIS. Condensate/MMCF  |  |  |
|         | Testing Method (pitot, back pr.) T  | ubing Pressure (Shut-in)   | Casing Pressure (Shut-in)  | Choke Size   |  |
| 71.     | CERTIFICATE OF COMPLIANCE   | ;  | OIL CONSERVA   | TION COMMISSION  |  |
|         | I hereby certify that the rules and reg   | ulations of the Oil Conservation   | APPROVED 19 19   |  |  |
|         | I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief.<br>Marforce<br>(Signature)<br>Production Clerk |  | BY   |  |  |
|         |   |  | TITLE  |  |  |
|         |   |  | This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deepened<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow- |  |  |
|         |   |  |  |  |  |
|         |   |  |  |  |  |
| (Title) |   | able on new and recompleted wells.   |  |  |  |
|         | April 15, 1977<br>(Date)  |  | well name or number, or transporter, or other such change of condition.<br>Separate Forms C-104 must be filed for each pool in multiply<br>completed wells.  |  |  |
|         |   |  |  |  |  |



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DIL COHCENVA. ... COMM. HOBBS, N. M.