

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
RECEIVED BY
SEP 19 1984
O. C. D.
ARTESIA, OFFICE

Operator MWJ PRODUCING COMPANY ✓
Address 1804 First National Bank Bldg Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
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 N/A

DESCRIPTION OF WELL AND LEASE

Lease Name <u>State GWA</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>W/C Bone Springs</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-4861</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>20S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u> <u>Permian (Eff 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183 Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u> <u>1962530-gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492 El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>36</u> Twp. <u>20S</u> Rge. <u>27E</u>	Is gas actually connected? <u>yes</u> When <u>9/12/84</u>

If this production is commingled with that from any other lease or pool, give commingling order number: water - 1962550

COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>2/29/84</u>	Date Compl. Ready to Prod. <u>9/12/84</u>	Total Depth <u>4825'</u>	P.B.T.D. <u>4730'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3326.7' GL</u>	Name of Producing Formation <u>Cherry Canyon</u>	Top Oil/Gas Pay <u>4367'</u>	Tubing Depth <u>4425'</u>					
Perforations <u>4367-4878</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13-3/8"</u>	<u>502'</u>	<u>500 SX</u>
<u>12 1/2"</u>	<u>8-5/8"</u>	<u>2400'</u>	<u>1565 SX</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>4825'</u>	<u>550 SX</u>
<u>5-1/2"</u>	<u>2-3/8"</u>	<u>4425'</u>	

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>9/12/84</u>	Date of Test <u>9/13/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>----</u>	Casing Pressure <u>----</u>	Choke Size <u>1 1/2"</u>
Actual Prod. During Test	Oil-Bbls. <u>15</u>	Water-Bbls. <u>30</u>	Gas-MCF <u>28</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

I. 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.

Pat Drexler
(Signature)

Pat Drexler - Agent

(Title)

9/18/84

(Date)

OIL CONSERVATION COMMISSION

SEP 28 1984

APPROVED _____, 19____

Original Signed By
BY Leslie A. Clements

Supervisor District II
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 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.