NO. OF COPIES RECI	EIVED	i	
DISTRIBUTIO			
SANTA FE	_		
FILE			
u.s.g.s.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
555545:6:1 655:65		T	

NO. OF COPIES RECEIVED	7			
DISTRIBUTION	NEW MEXICO OF C	OUCES ATION COMMISSION		
SANTA FE		ONSERVATION COMMISSION Form C-104 FOR ALLOWARIE Supersedes Old C-104 and C-1		
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	ASTRONIZATION TO THA	INDICATION AND INTICATE	. 0.00	
TRANSPORTER OIL GAS				
OPERATOR	-			
PRORATION OFFICE				
Operator MWJ PRODUCING COMPA	ANY			
Address /13 FIDST NATIONAL	BANK BUILDING, MIDLAND,	TV 70701		
Reason(s) for filing (Check proper box		TX 79701 Other (Please explain)		
New Well X	Change in Transporter of:	THIS WELL HAS BE	EN PLACED IN THE POOL	
Recompletion	Oil Dry Gas		N. IF YOU DO NOT CONCUR	
Change in Ownership	Casinghead Gas Conden	sate NOTIFY THIS OFFIC	E-	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including Fo	primation Kind of Le	ase Lease No.	
BAUM "E"	1 BAUM (UPPER PE	1.11086		
_	Feet From The NORTH Line	e and 2310 Feet Fro	m The WEST	
Line of Section 9 To	wnship 14 SOUTH Range 33	EAST , NMPM,	LEA County	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to which app	proved copy of this form is to be sent)	
Admiral Crude Oil Corp.				
Name of Authorized Transporter of Ca		.i	proved copy of this form is to be sent)	
No		4		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. C 9 14S 33E	Is gas actually connected?	When	
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	on $-(X)$ X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
10-2-70	11-27-70	10,025	9990	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth		
KB 4248	Upper Penn	9906	9880 Depth Casing Shoe	
Perforations	23-24-25-32-33-34-35-36			
9910-11-12-13-14-21-22-		CEMENTING RECORD	10024	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17 1/2	13 3/8	362	400	
11	8 5/8	4100	300	
7 7/8	5 1/2	10024	200	
TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be as	fter recovery of total volume of load of	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas		
11-9-70	11-9-70	Swabbing		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	0	Pkr.	1"	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
•	220	20	200	
GAS WELL	Transit of Bash	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size		
CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	. 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		las (Lale sed	Kunsan	
above is true and complete to th	e pest of makinowied and perior	BY		
		TITLE	?	

Bol (aledu	Q.			
/(Signature)					
ACENT					

AGENT

DECEMBER 3, 1970

(Title)

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.

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.

Senarate Forms C-104 must be filed for each pool in multiply

REBEIVED

GIL CONSERVATION COMMIN