

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator M & W of Lovington, Inc Well API No. 30-025-27234
 Address Box 922 Lovington, N.M. 88260
 Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Dry Gas Show gas connect
 Recompletion Oil Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE South Baum Wellcamp R-9937-8/1/93
 Lease Name STATE 7 Well No. 2 Pool Name, Including Formation Wildcat - Wolfcamp Kind of Lease State Federal or Fee _____ Lease No. _____
 Location Unit Letter D 510 Feet From The North Line and 660 Feet From The West Line
 Section 7 Township 14-S Range 33-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas - New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs, N.M. 88240
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent) Box 1150 Midland, Texas 79702
 If well produces oil or liquids, give location of tanks. Unit D Sec. 7 Twp. 14S Rge. 33E Is gas actually connected? Yes When? 4-6-93

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

V. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____

IV. TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 Tank _____ 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 (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. OPERATOR 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 Walden Millsap
 Printed Name Walden Millsap Title _____
 Date 5-8-93 Telephone No. 396-4663

OIL CONSERVATION DIVISION
 Date Approved MAY 11 1993
 By _____ Signed by Paul Kanta
 Title _____ Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.