

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND
HORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator M-G-M Minerals		
Address P. O. Box 1175 Lovington, New Mexico 88661		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change in oper. from
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Reading & Bates to
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	M-G-M Minerals
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Reading & Bates, Inc. & McClellan Oil Corp.
11th Floor Phil Tower Bldg. Tulsa, Okla. Box 848 Roswell, N.M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>White State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Mescalero San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>00-124</u>
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>East</u> Line and <u>965'</u> Feet From The <u>South</u> Line of Section <u>15</u> Township <u>10 South</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900 Dallas, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589 Tulsa, Oklahoma</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>15</u>	Twp. <u>10S</u>	Rge. <u>32E</u>	Is gas actually connected? <input type="checkbox"/>	When

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

IV. 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			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

James H. Chandler
(Signature)
Partners
(Title)
Jan 11, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY James H. Chandler
TITLE Partners

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 multiple completed wells.