

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
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**

NOV 2 1981

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner N/A	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Dog Canyon 36 I State	Well No. 1	Pool Name, including Formation Morrow (Bough C)	Kind of Lease State, Federal or Fee State	Lease No. L-6517
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 36 Township 16S Range 27E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation Permian (Eff. 9 / )	P.O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 1492 El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
I 36 16S 27E	yes 10/29/81

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.
		X	X					
Date Spudded 5/14/81	Date Compl. Ready to Prod. 7/27/81	Total Depth 9593'	P.B.T.D. 9549'					
Elevations (DF, RKB, RT, GR, etc.) 3534.4 DF	Name of Producing Formation Bough C	Top Oil/Gas Pay 9486'	Tubing Depth 9480'					
Perforations 9486-9502'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	420'	470 sx					
11"	8-5/8"	2037'	1150 sx					
7-7/8"	4-1/2"	9592'	200 sx					

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)

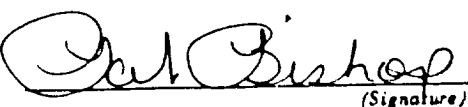
Date First New Oil Run To Tanks ---	Date of Test ---	Producing Method (Flow, pump, gas lift, etc.) ---	
Length of Test ---	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ---	Oil-Bbls. ---	Water-Bbls. ---	Gas-MCF ---

GAS WELL

Actual Prod. Test-MCF/D 2631	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 2191 psi	Casing Pressure (shut-in) -----	Choke Size 17/64"

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.

  
(Signature)

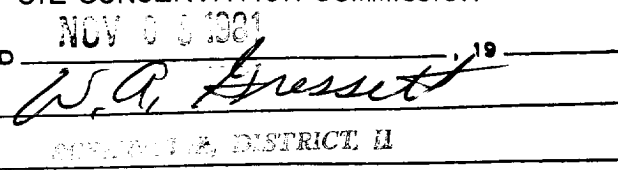
Agent

(Title)

10/29/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1981  
BY   
TITLE DISTRICT II

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.