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TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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
Effective 1-1-65

SEP 21 '88

O. C. D.
ARTESIA, NM

Operator MWJ PRODUCING COMPANY	
Address 400 W Illinois Suite 1100 Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Dog Canyon 36 I State	Well No. 1	Pool Name, including Formation Crow Flats Morrow	Kind of Lease State, Federal or Fee State	Lease No. L-6517
Location				
Unit Letter I	1980	Feet From The South	Line and 600	Feet From The East
Line of Section 36	Township 16S	Range 27E	NMPM, Eddy	County

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	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)	
MWJ Producing Company	400 W Illinois Suite 1100 Midland Tx 7070	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36
	Twp. 16S	Rge. 27E
	Is gas actually connected? yes	When 9/16/88

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		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 Post ID-3				
11"	8-5/8"	2037'		1150 sx 9-23-88				
7-7/8"	4-1/2"	9592'		200 sx sig. GT: EPN				

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)

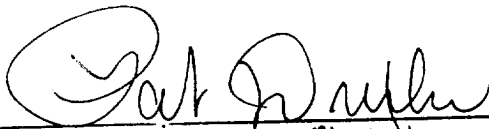
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 180 mcf/d	Length of Test 24 hrs	Bbls. Condensate/MMCF ----	Gravity of Condensate -----
Testing Method (pilot, back pr.) flowing	Tubing Pressure (shut-in) 420	Casing Pressure (shut-in) -----	Choke Size 6/64"

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-Agent

(Signature)

(Title)

9/20/88

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1988, 19

BY Original Signed By

Mike Williams

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.