1.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Distribution MWJ PRODUCING COMPANY / Address 1804 First National Ban Reason(s) for filing (Check proper box)	REQUEST FO AUTHORIZATION TO TRAN	NSERVATION COMPLESION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS 5 79701 Other (Please explain)	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 RECEIVED DEC 21 1981 O. C. D. ARTESIA, OFFICE
I	New Well XX Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens N/A	ate	
a	nd address of previous owner			
	Description of WELL AND L Lease Name Dog Canyon 35 G State Location Unit LetterG ; 1980 t the of Section 35 Town	Feet From The NorthLine	and 1892 Feet From The	oost
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11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Co. If well produces oil or liquids, or unit Sec. Twp. Ege. aive location of tanks. G 35 165		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978 Is gas actually connected? When When Vest 2-18-82	
	give location of tanks. If this production is commingled with			N/A
IV.	COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion		X Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 9340	9248'
:	7/30/81 Elevations (DF, RKB, RT, GR, etc.)	10/18/81 Name of Producing Formation	9340 Top Oil/Gas Pay	Tubing Depth
	3439' GL	Morrow	9032'	9017 ' Depth Casing Shoe
	Perforations 9032-9044			9340
	TUBING, CASING, AND C			SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	426'	725 sx Class "C"
	17"	8-5/8"	1852'	1000 sx Lite & 200 sx "
	11"	4-1/2"	9340' 9017 w/Pbac 8986	200 sx Class "H"
		278	90/7 w/For 8/86	nd must be equal to or exceed top allow-
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, erc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size Pour 87
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	nd must be equal to or exceed top allow- , etc.) Choke Size Gas-MCF Gas-MCF Gas-MCF
	Actual Prod. During Tool			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	4842	24 hrs	42.78 Casing Pressure (Shut-in)	62.6 @ 60°
	Testing Method (pitot, back pr.)	24 hrs Tubing Pressure (Shut-is)		22/64"
***	back pressure		OIL CONSERVA	TION COMMISSION
۷I			APPROVED FEB 2 5 1902	
	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.		BY	
	Jak 3 12hop (Signature)		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 allow-	
	Agent (Title)		able on new and recompleted we	8118.
		Date)	Fill out only Sections I. Il	I, III, and VI for changes of owner ter, or other such change of condition it be filed for each pool in multipl