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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DEC 12 1980

Operator MWJ Producing Company ✓		O. C. D. ARTESIA, OFFICE
Address 1804 First National Bank Building, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED 168 2-10-81 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Exp # 2-477
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

I. DESCRIPTION OF WELL AND LEASE

Lease Name State GWA	Well No. 1	Pool Name, including Formation Avalon Delaware	Kind of Lease State, Federal or Fee State	Lease No. L-4861
Location Unit Letter I ; 2180 Feet From The South Line and 660 Feet From The East Line of Section 36 Township 20S Range 27E , NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp. Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 1982530-900	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36
	Twp. 20	Rge. 27E
	Is gas actually connected? No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/4/80	Date Compl. Ready to Prod. 12/11/80		Total Depth 4845'		P.B.T.D. 4790'			
Elevations (DF, RKB, RT, GR, etc.) 3309' Gr.	Name of Producing Formation Delaware		Top Oil/Gas Pay 4724'		Tubing Depth 4786'			
Perforations 4724-4731; 4740-4758'; 4764-4766, W/2 SPF					Depth Casing Shoe 4845'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		410'		400 SX.			
11"	8 5/8"		2405'		1200 SX.			
7 7/8"	4 1/2"		4845'		600 SX.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 12/11/80	Date of Test 12/10/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 201	Oil - Bbls. 16	Water - Bbls. 185	Gas - MCF TSTM

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.

A. B. Dyeck  
(Signature)  
Production Clerk  
(Title)  
12/11/80  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED DEC 16 1980  
BY W. A. Gressitt  
TITLE SUPERVISOR, 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.