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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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
 Effective 1-1-65

I. Operator
Michael L. Klein & Co. MKA Oil Properties
 Address
129 Petroleum Life Building, Midland, Texas 79701
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Humble Oil & Refining Company, Broadmoor Bldg., Hobbs, N.M.

II. DESCRIPTION OF WELL AND LEASE
 Lease Name New Mexico State "F" Well No. 2 Pool Name, including Formation Monument, Grayburg San Andrés Kind of Lease State, Federal or Fee State Lease No. B-935
 Location
 Unit Letter N 660 Feet From The South Line and 1986.7 Feet From The West
 Line of Section 17 Township 20 South Range 37 East, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Corp. Address (Give address to which approved copy of this form is to be sent)
Box 2648, Houston, Texas 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1589, Tulsa, Oklahoma 74101
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes Unknown

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 Restv. Diff. Restv.
 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.
Michael L. Klein
 (Signature)
February 16, 1969
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY John D. Ramsey
 TITLE SUPERVISOR DISTRICT 1
 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 recompleted wells.