

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-110 Effective 1-1-65	
SANITARY		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
M & G Oil, Inc.					
Address					
Box 957 Crossroads, New Mexico 88114					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well ☐				Change in Transporter of: ☒ Oil ☐ Dry Gas ☐	
Recompletion ☐				Change in transporter of oil.	
Change in Ownership ☐				Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
State K		2		Vada Penn	
Location		Kind of Lease		Lease No.	
Unit Letter A		State, Federal or Free State		K-4104-3	
660		Feet From The North		Line and 660	
Feet From The East		Line of Section 2		Township 10-S	
Range 33E		NMPM		Lea	
County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation				P.O. Box 1183 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐				Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company				P.O. Box 1589 Tulsa, Oklahoma 74100	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
A		2		10S	
Range		33E		Is gas actually connected? Yes	
				When 4-17-68	
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		Stim. Pres't.		Prod. Res't.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.D.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					
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 (pilot, back pr.)		Tubing Pressure (Shut-in)	
Casing Pressure (Shut-in)		Choke Size			
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED MAR 21 1984					
ORIGINAL SIGNED BY JERRY SEXTON					
DISTRICT SUPERVISOR					
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.					
Wm. Groesbeck					
(Signature)					
Vice President					
(Title)					
3-20-84					
(Date)					

RECEIVED
FBI
JUN 21 1964

RECEIVED
JUN 21 1964
O.C.D.
HOBBS OFFICE