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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
MIDWEST OIL CORPORATION

Address
1500 WILCO BLDG., MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" 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 type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE *Lease - Pennsylvania R-3411*

Lease Name NEW MEXICO "K" STATE	Well No. 2	Pool Name, including Formation LANE (PNN)	Kind of Lease State, Federal or Fee STATE	Lease No. K-4104
Location				
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East
Line of Section 2	Township 10-S	Range 33-E	, NMPM, LEA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SERVICE PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 3411 KNOXVILLE AVE., LUBBOCK, TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OKLAHOMA		
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 2 Twp. 10-S Rge. 33-E	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input 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"/>		
RE-ENTRY			
Date Spudded Re-entered 2-21-68	Date Compl. Ready to Prod. 4-17-68	Total Depth 9850	P.B.T.D. 9760
Elevations (DF, RKB, RT, GR, etc.) 4274 KB	Name of Producing Formation Bough 'C'	Top Oil/Gas Pay 9649	Tubing Depth 9576
Perforations 9649-59			Depth Casing Shoe 9849
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 7"	CASING & TUBING SIZE 5-1/2	DEPTH SET 9849	SACKS CEMENT Tied in w/csg. bowl @ 4614
	2-3/8	9576	

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 4-17-68	Date of Test 4-17-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 910	Oil-Bbls. 142	Water-Bbls. 768	Gas-MCF 530

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.

[Signature]
(Signature)
ENGINEER
(Title)
4-22-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *[Signature]*

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.