NO. OF COPIES RECI	EIFED			1			
DISTRIBUTION							
SANTA FE							
FILE			-				
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR	<u></u>						
PHORATION OFFICE							
Operator							
MGF Oil Corp							
Address				_			
1126 Vaughn Build							
Reason(s) for filing ((Check p	roper	box				
New Well							

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR		ONSERVATION COMMIS FOR ALLOWABLE AND ANSPORT OIL AND NA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
1.	. PI+ORATION OFFICE Operator							
	MGF Oil Corporation							
	1126 Vaughn Build	ding, Midland, Texas 7	9701					
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please e	xplain)				
	Recompletion	Oil Dry Ga	F					
	Change in Ownership X	Casinghead Gas Conden	isate					
	If change of ownership give name and address of previous owner	Major, Giebel & Fors	ter, 1126 Vaughn	Building,	Midland, T	<u>exas 7970</u> 1		
11.	DESCRIPTION OF WELL AND I	LEASE						
	Lease Name Nine Ranch	Well No. Pool Name, Including Fo		ind of Lease tate, Federal or Fe	e C+-+o	Lease No.		
	Location	i libe refino ref	111		State_	K-3983		
	Unit Letter C; 66	O Feet From The North Lin	e and2130	Feet From The	<u>West</u>			
	Line of Section 22 Tow	mship 10-S Range 3	33-E , NMPM,	Lea		County		
***	DECIONATION OF TRANSPORT	TED OF OU AND NATURAL CA	c					
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to	which approved co	py of this form is	to be sent)		
	Amoco Pipeline C Name of Authorized Transporter of Cas	ompany inghead Gas X or Dry Gas	3411 Knoxville Address (Give address to	Ave., Lubb	ock, Texas	79413		
	Warren Petroleum		P. O. Box 1589					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order n	umber:				
- • •	Designate Type of Completion	on - (X)	New Well Workover	Deepen Pluc	Back Same Re	s'v. Diff. Res'v.		
	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	'op Oil/Gas Pay Tubing Depth				
	Lievations (Dr., AKB, R1, GR, etc.)	, 51., 51.1,						
	Perforations			Dep	th Casing Shoe			
		CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CE	MENT		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	I fter recovery of total volume	of load oil and m	ust be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Hun To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow,	pump, gas lift, etc	.)			
	Date Mar New On Ham to Fame							
	Length of Test	Tubing Pressure	Casing Pressure	Cho	ke Size	i i		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas	-MCF			
	GAS WELL		Table Godenna ANGE					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gra	vity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	n) Cho	ke Size			
VI.	CERTIFICATE OF COMPLIANO	CE .	OIL CO	NSERVATIO	N COMMISSIC)N		
			APPROVED NOV 9 1971					
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.			1					
			BY Orig. Signed 150 Joe D. Ramey					
		TITLE Dist. I, Supv.						
(Signature) Engineer (Title)			This form is to be filled in compliance with NULE 1104.					
			well, this is a request for allowable to a howly difficult to the deviation 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.					
								October 21
		nte)	well name or number, or transporter, or other such change of condition.					

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.

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