	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST F	DNSERVATION COMMISSI FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS	
<b>.</b> .	Operator MGF Oil Corporation				
	Address 1126 Vaughn Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	s		
	Change in Ownership X	Casinghead Gas Condens	sate		
	If change of ownership give name and address of previous owner	Major, Giebel & Forst	ter, 1126 Vaughn Buildin	g, Midland, Texas 79701	
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
	Lease Name . T.P. State	1 Inbe Permo			
Location Unit Letter O; 660 Feet From The South Line and 1980 Feet From The East				he East	
		nship 10-S Range		ea County	
III.	Name of Authorized Transporter of Oil		Address (Give address to which approv		
	Amoco Pipeline C Name of Authorized Transporter of Cas	OMPANY Inghead Gas 🔀 or Dry Gas 🗔	3411 Knoxville Ave., L Address (Give address to which approv	ed copy of this form is to be sent)	
	Warren Petroleum	Corporation	P. O. Box 1589, Tulsa Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, f		Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X)	New Well Workover Deepen		
	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		I	Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	l	<u> </u>		J	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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) Engineer (Title) August 21, 1971 (Date)				
			BYJoe D. Ramey		
			TITLE       Dist. I, Supv.         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 allow-         able 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.		