	NO. OF COPIES RECEIVED	1					
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSI			Form C-104		
	SANTA FE					Supersedes Old C-104 and C-110	
	FILE	-	AND		Effective I	-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE						
	IRANSPORTER GAS						
	OPERATOR	1					
	PRORATION OFFICE						
٠.	Operator						
	MGF Oil Corporation						
	Address						
	1126 Vaughn Building, Midland, Texas 79701 Renson(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of: Recompletion Oil Dry Gas						
	Change in Ownership X Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner	Major, Giebel & Fors	ster, 1126 Vaugl	n Buildi	ng, Midland,	Texas 79701	
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Lease Name Well No. Pool Name, Including F		Kind of Leas State, Federa	l		
	T. P. State "A"	l Inbe Permo Pe	enn	State, Federa	nlor Fee State	<u> </u>	
	Unit Letter J ; 1980 Feet From The South Line and 2130 Feet From The East						
	Unit Letter; 198	U Feet From The South Lir	ne andZ13U	Feet From	The <u>East</u>		
	Line of Section 4 To	waship 11-S Range	34-E , NMPM	. Le	a	County	
***	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL GA	18				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address				
		Amoco Pipeline Company 3411 Knoxville Ave., Lubbock, Texas 79413					
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
	Warren Petroleum Corporation P. O. Box 1589, Tulsa, Oklahoma 74100						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? Wn	ien		
	give location of tanks.		Yes				
	If this production is commingled wi	th that from any other lease or pool,	give commingling orde	number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Designate Type of Completic	on = (X)		1	i i	1	
	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	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD						
		THRING CASING AN	D CEMENTING DECOM	<u> </u>			
	1101 5 6175	· · · · · · · · · · · · · · · · · · ·			SACKS	CEMENT	
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECOF		SACKS	CEMENT	
	HOLE SIZE	· · · · · · · · · · · · · · · · · · ·			SACKS	CEMENT	
	HOLE SIZE	· · · · · · · · · · · · · · · · · · ·			SACKS	CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET			
V.	HOLE SIZE	CASING & TUBING SIZE OR ALLOWABLE (Test must be a	DEPTH S	et			
v.	. TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this d	DEPTH S after recovery of total volumepth or be for full 24 hour	et	and must be equal to		
v.	. TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a	DEPTH S	et	and must be equal to		
v.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Bun To Tanks	OR ALLOWABLE (Test must be able for this d	DEPTH S after recovery of total volumepth or be for full 24 hour	et	and must be equal to		
v.	. TEST DATA AND REQUEST F	CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this d	after recovery of total vole epth or be for full 24 hour Producing Method (Flor	et	l and must be equal to		
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Bun To Tanks	OR ALLOWABLE (Test must be able for this d	after recovery of total vole epth or be for full 24 hour Producing Method (Flor	et	l and must be equal to		
v.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volumenth or be for full 24 hour Producing Method (Flow Casing Pressure	et	I and must be equal to ift, etc.) Choke Size		
v.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volumenth or be for full 24 hour Producing Method (Flow Casing Pressure	et	I and must be equal to ift, etc.) Choke Size		
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	DEPTH S Infter recovery of total volume; or be for full 24 hour Producing Method (Flow Casing Pressure Water-Bbls.	eme of load oil	I and must be equal to ift, etc.) Choke Size Gas-MCF	or exceed top allow-	
v.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volumenth or be for full 24 hour Producing Method (Flow Casing Pressure	eme of load oil	I and must be equal to ift, etc.) Choke Size	or exceed top allow-	
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	DEPTH S Infter recovery of total volume; or be for full 24 hour Producing Method (Flow Casing Pressure Water-Bbls.	me of load oil	I and must be equal to ift, etc.) Choke Size Gas-MCF	or exceed top allow-	

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.

Bu Galler	_
(Signature)	
Engineer	_
(Title)	
October 21, 1971	

(Date)

OIL CONSERVATION COMMISSION 9 197

YON APPROVED Orig. Signed by

Joe D. Ramey

Dist. I, Supv. 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.