

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator

MGF Oil Corporation

Well API No.

30-025-22811

Address

P. O. Box 21540, Tulsa, OK 74121-1540

Reason(s) for Filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Operator

☐

Change in Transporter of:

Oil

☐

Dry Gas

☒

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Effective 3/1/91

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Gulf Sohio State

Well No.

1

Pool Name, Including Formation

North Bagley Permo Penn

Kind of Lease

☒ State ☐ Federal or Fee

Lease No.

E 8969

Location

Unit Letter

G

:

1874

Feet From The

East

Line and

2086

Feet From The

North

Line

Section

8

Township

11S

Range

33E

, NMPM,

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☒ or Condensate ☐

Enron Oil Trading & Transportation

Name of Authorized Transporter of Casinghead Gas

☒ or Dry Gas ☐

Warren Petroleum Corp.

Address (Give address to which approved copy of this form is to be sent)

Box 1188, Houston, TX 77251-1188

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1589, Tulsa, OK 74102

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

G

8

11S

33E

Yes

n/a

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'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

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 Tank

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

C. Jan Valkenburg

Signature

Charlotte Van Valkenburg, Tech. Coordinator

Printed Name

3/20/91

Date

918-491-4314

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

MAR 25 1991

By

CRISTINA M. BLOTT

Title

DEPUTY DIRECTOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.