NO. OF COPIES RECEIVED							
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SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION OF							
Operator							
MGF Oil Corporat							
Address							
1126 Vaughn Build							
Reason(s) for filing (Check proper box)							
New Well	$\Box$						
Recompletion							
Thange in Ownership $oxed{X}$							

	CANTA TE				Form C-184		
	FILE	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					1 03	
	LAND OFFICE	_					
	TRANSPORTER GAS						
	PRORATION OFFICE						
1.	Operator						
	MGF Oil Corpora	tion					
		ding, Midland, Texas 7	9701				
Reason(s) for filing (Check proper box)  Other (Please explain)							
	New We!l 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 & For	ster, 1126 Vaugh	n Building	ı, Midland	l. Texas	
11.	II. DESCRIPTION OF WELL AND LEASE						
	Lease Name  Well No. Pool Name, Including F  Amerada Federal  I North Bagley				or Fee Federal NM055667		
Location						al <u> NM05566</u> 74	
	Unit Letter ${}^{\prime}\mathrm{M}$ ; $660$ Feet From The South Line and $510$ Feet From The West						
	Line of Section 3 Tow	mship 12-S Range	33-Е , ммрм,	Lea	3	County	
III.	DESIGNATION OF TRANSPORT						
	Name of Authorized Transporter of Oll Amoco Pipeline C		Address (Give address to u			· · · · · · · · · · · · · · · · · · ·	
	Name of Authorized Transporter of Cas		3411 Knoxville Ave., Lubbock, Texas Address (Give address to which approved copy of this form is to be sent)			dS is to be sent)	
	Warren Petroleum						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 3 12S 33E					
IV.	If this production is commingled wit COMPLETION DATA						
	Designate Type of Completio	n - (X) Oll Well Gas Well	New Well Workover	Deepen Pl	ug 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		
		CEMENTING RECORD					
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
		,					
					*		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total volume : pth or be for full 24 hours)	of load oil and r	must be equal to	or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pr	ump, gas lift, et	c.)		
	Length of Test	Tubing Pressure	Casing Pressure Choke Size				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Go	s - MCF		
	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	Ch	loke Size		
VI.	CERTIFICATE OF COMPLIANO	CE .			ON COMMISS		
	I hereby certify that the rules and re Commission have been complied w	APPROVED NIJV 9 1971 , 19 Orig. Signed by  BY Joe D. Ramey					
	bove is true and complete to the best of my knowledge and belief.		Dist. I, Supv.			· · · · · · · · · · · · · · · · · · ·	
	The Garage	<i>a</i>	This form is to be				
	/C '	V	If this is a request	t for allowable	for a newly di	filled or deepened	
(Signature)		·	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Enginee		All sections of thi		e filled out com	pletely for allow-	
	October 21, 1	971	Fill out only Sect	tions I. II. III	, and VI for c	hanges of owner,	
	(Dai	(e)	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.