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DISTRIBUTION SANTA FE		CONSERVATION COMMISSION			
FILE	REQUES	T FOR ALLOWABLE	Supersede Effective	s Old C-104 and C-1	
U.S.G.S.	AUTHORIZATION TO T	AND		1-1-65	
LAND OFFICE	AUTHORIZATION , O T	RANSPORT OIL AND NATUR	RAL GAS		
TRANSPORTER OIL GAS					
OPERATOR					
PRORATION OFFICE Operator					
MWJ PRODUCING COMPAN	<u>Y</u>				
413 FIRST NATIONAL BAReason(s) for filing (Check proper bo	ANK BUILDING, MIDLAND,	TEXAS 79701 Other (Please explain			
New Wel.		Change in Transporter of:			
Recompletion	Oil	Gas The Company of th			
Change in Ownership	Casinghead Gas Cond	densate			
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Name, Including		Lease	Lease No.	
HUBER STATE	1 WILDCAT	K-4060 State, 7	Federal or Fee STATE	K-2603	
Location Unit Letter K ; 198	CC 9.1 MESSEC (6)	ne and 1980 Feet	From The West	11	
2.0	wnship 10 S Hange	32 E , NMPM,	Lea	County	
		- Ja 11 7 1111 1111	Le.a	County	
Name of Authorized Transporter of Oi Admiral Crude Oil Cor	or Condensate	Address (Give address to which Box 1713, V & J Toy	wer. Midland Te	vae	
Name of Authorized Transporter of Ca	singhead Gas or Day Gas	Address (Give address to which	approved copy of this form	is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige. K 33 108 32E	Is gas actually connected?	Is gas actually connected? When		
If this production is commingled wife. COMPLETION DATA	th that from any other lease or pool		· No		
	Oli Weil Gas Weil	New Well Workover Deepe	en Plug Back Same	Res'v. D.ft. Res'v.	
Designate Type of Completic	on = (X) X			† 1	
Date Spudded	Date Compl. Ready to Fred.	Tota: Depti:	P.B.T.D.		
8-22-70 Elevations (DF, RKB, RT, GR, etc.)	9-26-70 Name of Producing Formation	9150	9104		
4350 KB	Bough "C"	Top Cil/Gas Pay	Tubing Depth		
Perforations		0778	8600 Depth Casing Shoe		
8778 - 8788 (3	l2 holes)		9142		
	TUBING, CASING, AT	O CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS	EMENT	
17 1/2	13 3/8	415	400		
11 7 7 / 9	8 5/8	3502	300		
7 7/8	5 1/2	9142	200		
. TEST DATA AND REQUEST FO		after recovery of total volume of loa lepth or be for full 24 hours)	d oil and must be equal to	or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
9-26-70	9-26-70	Swab			
Length of Test	Tubing Pressure	Casing Pressure Choke Size			
24		Pkr.	3/4."		
Actual Prod. During Test	32	Water-Bbls.	Gas-MCF 30		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Choke Size		

I. CERTIFICATE OF COMPLIANCE

October 7, 1970

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)

(Title)

(Date)

Form C=104 Supersedes Old C-104 and C-110 Effective 1-1-65

OIL CONSERVATION COMMISSION

APPROVED SUTERIOR

TITLE/

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despende 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

CONTRACTOR OF THE PARTY.