ć		1			
	NO. OF COPIES RECEIVED				
:	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-65	
	U.S.G.S.				
		AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	+ - + + + + + + + + + + + + + + + + + +	•			
	IRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE	l			
••	Operator				
	MGF 011 Corporation				
	Address 1126 Vaughn Building, Midland, Texas 79701				
	Reason(s) for filing (Greek proper box) Other (Please explain)				
		New Well Change in Transporter of:			
	$\frac{1}{1} = \frac{1}{1} = \frac{1}$				
	Change in Ownership Clasinghead Gus Concendule				
				E.G. 81275CN 10 R4070	
	If change of ownership give name	「「「「「「「「「」」」「「「」」」「「」」」「「」」」「「」」」「「」」」「「」」」「」」」「」」」「」」」「」」」」	THE POOL BOOK AND		
	and address of previous owner		DECONOUR		
		NORFE THIS CHERCE			
П.	DESCRIPTION OF WELL AND	Well No., Pool Name, Including F	mation Kind of Lease	Lease No.	
	Lease Name Borner of al	1 Wildest Volte		1. e. e.	
	Berry, et al		State, Federal		
	Location		1000	L'action de la companya de la company	
Unit Letter K 1980 South 1980 Feet From The Feet From Feet From The Feet From Feet From Feet From Feet Feet From Feet Feet From Feet Feet From Feet Feet Fro					
	Unit Letter;;				
	34 _		8E , NMPM,	Lea County	
	Line of Section Tow	vnship Range	, NMPM,		
			_		
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	A or Condensate	Address (Give address to which approv		
	Basin, Inc.		511 W. Obio, Midland, Texas 79701		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	•	·			
		Unit Sec. Twp. Ege.	Is gas actually connected? Whe		
	If well produces cil or liquids,	Unit Sec. Twp. Ege.	No		
	give location of tanks.		L		
	real states in a minimum of mit	th that from any other lease or pool,	give commingling order number:	ł	
		A that from any other rease of poor,		· · · · · · · · · · · · · · · · · · ·	
3 V .	COMPLETION DATA	Cii Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
				P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	9,660	
	4-3-74	6-2974	12,308		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	338 7 KB	Wolfcamp	9482	9450	
	Perforations			Depth Casing Shoe	
	9482-89				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	15	11 3/2		2.00	
	10 5/8	8 5/8	2,475	400	
	7 7/8	5 1/2	9660	275	
	778	2 3/8	6450		
	, ,,,,,				
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
• •	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 lij	(t, etc.)	
	6-31-74	6-30-74	Flow & Swab		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24	100#	Pkr.	48/64	
		<u></u>	Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	он-выя. 52	3	337	
		<u> </u>	<u> </u>		
	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)	Choke Size	
	Testing Method (pirot, ouck pri)	i wind Freeswa (Built-In)			
				<u></u>	
VI	CERTIFICATE OF COMPLIANCE		OHL CONSERVA	TION COMMISSION	
¥ 8.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and ball if				
			APPROVED		
			BY		
			1 The state of the second		
			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		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Engineer		All sections of this form must be filled out completely for allow-		
	(Title)		All sections of this form must be filled out completely for close sble on new and recompleted wells.		
Testar 2 107/		t III and VI for changes of owner,			
			well name or number, or transporter, or other such change of constitution		
	(Date)		well name or number, or transporter, or other barn		