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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
MGF Oil Corporation

Address
P.O. Box 5027, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6/14/79
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **UNDESIGNATED**

Lease Name Southland State	Well No. 1	Pool Name, including Formation Wildcat (San Andres) Group 1	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East
Line of Section 12 Township 10-S Range 36-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 I	Sec. 12	Twp. 10-S	Rge. 36-E	Is gas actually connected? NO	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 11-19-78	Date Compl. Ready to Prod. 3-19-79	Total Depth 5031	P.B.T.D. 5028					
Elevations (DF, RKB, RT, GR, etc.) 3984.5 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4955	Tubing Depth 4775					
Perforations 4960-4971	Depth Casing Shoe 5021							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	452	300 SX
7 7/8	4 1/2	5021	1330 SX

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 Tanks 12-21-78	Date of Test 3-26-79	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 74	Gas - MCF TSTM

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

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.

Jim D. McAninch
(Signature)
Engineering Assistant
(Title)
4-2-79
(Date)

OIL CONSERVATION COMMISSION
APR 14 1979
APPROVED
BY James H. Ketchum
TITLE SUPERVISOR DISTRICT I

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.



OIL CONSERVATION (1974)
HOUSE, IL