

MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
OPERATOR		TRANSPORTER	
REGISTRATION OFFICE		OIL GAS	
M & W of Lovington, Inc.			
P O Box 922, Lovington, N.M. 88260			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐		Change in Transporter of ☐	
Completion ☐		Oil ☐	
Change in Ownership ☒		Casinghead Gas ☐	
		Dry Gas ☐	
		Condensate ☐	
Change of ownership give name and address of previous owner M & W Operating Co., Box 922, Lovington, N.M. 88260			
DESCRIPTION OF WELL AND LEASE			
Well Name	Well No.	Pool Name, including Formation	Kind of Lease
Hayes Federal	3	Allison Penn	State, Federal or Fee Federal
			Lease No. NM 03586
Location			
Unit Letter	N	1980 Feet From The West	Line and 660 Feet From The South
Line of Section	30	Township 8S	Range 37E, NMPM, Roosevelt County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation		Box 1183, Houston, Tx. 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, or location of tanks.	Unit J	Sec. 30	Twp. 8S Rge. 37E
		Is gas actually connected? T/A When	
This production is commingled with that from any other lease or pool, give commingling order number:			
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.
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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	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 (pnet, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
		BY _____	
		TITLE _____	
Vice President		This form is to be filed in compliance with RULE 1104.	
April 24, 1981		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.	

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APR 29 1981

OIL CONSERVATION DIV.