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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-110
Effective 1-1-65
DEC 30 10 25 AM '65
O. C. C.

Operator Midwest Oil Corporation	
Address 1500 Wilco Bldg., Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Morgan Federal Tract 1	Lease No. 1	Well No. 1	Pool Name, Including Formation Chaveroo	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter P N	660 Feet From The South Line and 660 Feet From The East Line			
Line of Section 27	Township 7-8	Range 33-E	, NMPM, Roosevelt County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	27	7-8	33-E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 11-27-65	Date Compl. Ready to Prod. 12-17-65	Total Depth 4430	P.B.T.D. 4394					
Elevations (DF, RKB, RT, GR, etc.) Chaveroo	Name of Producing Formation San Andres	Top Oil/Gas Pay 4178	Tubing Depth 4275					
Perforations 9 - 1/4" holes 4178, 4195, 4203, 4228, 4244, 4258, 4276, 4291, 4296			Depth Casing Shoe 4427					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	375	350
7 7/8"	4 1/2"	4427	350
	2 3/8"	4275	

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 12-17-65	Date of Test 12-27-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs	Tubing Pressure 800 psi	Casing Pressure 600 psi	Choke Size 11/64"
Actual Prod. During Test 72 bbls	Oil-Bbls. 72	Water-Bbls. None	Gas-MCF 131

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

J. P. Potts
(Signature)
Engineer
(Title)
12-29-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 29 1965**
BY **Engineer**
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 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 completed wells.