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DISTRIBUTION					
SANTA FE	NEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-104	
	REQUES	ST FOR ALLOWABLE	IBBS GFFICE	Supersedes O	old C-104 and C-110
FILE		AND	rata a service e e	A Sourcette I-I	-03
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND	NATURAL GA		
LAND OFFICE		710	1 3 1 1 3 3 1	765	
TRANSPORTER GAS					
OPERATOR		*** **			
PRORATION OFFICE	2 7 7	****			
Midwest Oil Corporation Address	The season of th				
1500 Wilco Bldg.	Midland, Tex				
Reason(s) for filing (Check proper box)		Other (Plea	se explain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry	Gas			
Change in Ownership	Casinghead Gas Cor	idensate			
If change of ownership give name and address of previous owner				<u> </u>	
I. DESCRIPTION OF WELL AND L		F	124-4-47		
Lease Name	Well No. Pool Name, Including		Kind of Lease		Lease No.
Morgan Federal Tract #3	1 Chaveroo (Sa	an Andres)	State, Federal or	Fee Federal	NM0558287
Location					
Unit Letter J; 198	O Feet From The South	Line and 1980	Feet From The	East	 -
Line of Section 22 Town	nship 7-S Range	33-E , NMP	M. Roosevel	t	County
Name of Authorized Transporter of Oil Mobil Pipe Line Corporat Name of Authorized Transporter of Casi		P.O. Box 90 Address (Give address Address (Give address). D4	llas. Texas	10 00 00m/
** 1	Unit Sec. Twp. Rge.	Is gas actually connec		copy of this form is	to be sent)
If well produces oil or liquids, give location of tanks.		Is gas actually connect No		copy of this form is	to be sent)
	J 22 7-S 33	No pl, give commingling ord	er number:	copy of this form is	
give location of tanks. If this production is commingled with V. COMPLETION DATA	J 22 7-S 33- n that from any other lease or pool	No pl, give commingling ord	er number:	copy of this form is	to be sent)
give location of tanks. If this production is commingled with	J 22 7-S 33- That from any other lease or poon $n - (X)$ Gas Well	No New Well Workover	er number:	copy of this form is	
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GAS WELL

	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ı				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1				

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.

Marma Estus
(Signature)
Bundant day (1) and

Production Clerk

November 29,1966

(Title) (Date)

OIL CONSERVATION COMMISSION

APPROVE	-		 	. 19
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BY			 	
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.