40. OF COPIES RECE	IVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST 1	OR ALLOWABLE  Supersedes Old C-104 and C- Effective 1-1-65	
FILE U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		CAS
LAND OFFICE	AUTHORIZATION TO TRA	NOPORT OIL AND NATURAL	300
TRANSPORTER OIL			
GAS			
OPERATOR  PRORATION OFFICE			
Operator			
MWJ Producin	g Company		
Address			
Reason(s) for filing (Check proper box)	tional Bank Bldg., Midla	other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga	<b>─</b> !	
Change in Ownership	Casinghead Gas Conden	isute	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F	ormation Kind of Lea	se Lease No.
Lease Name  Cato State	4 Cato San And	State Fodos	
Location	4 Cato San And	ites	State LA J/J4
Unit Letter L ; 165	Feet From The South Lin	e and 330 Feet From	The West
		000 MATERY 61	County
Line of Section 2 To	wnship 88 Range	30E , NMPM, Cha	aves County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appr	
Mobil Pipe I Name of Authorized Transporter of Ca	ine	Box 900, Dallas, Te: Address (Give address to which appr	<b>xas 75221</b> oved copy of this form is to be sent)
	ice Oil Company	Box 300, Tulsa, Okl	
If well produces oil or liquids,	Unit Sec. Twp. Ege.	is gas actually connected?	hen
give location of tanks.	K 2 8S 30E	yes	August 1968
	th that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back   Same Resty. Diff. Resty.
Designate Type of Completi	on = (X)	x	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.
11-30-68	12-15-68 Name of Producing Formation	3492 Top Cil/Gas Pay	3476 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 4117 KB	San Andres	3341	3452
Perforations			Depth Casing Shoe
		D CENENTING DECORD	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
11	8-5/8-24-J	414	200
7-7/8	5-1/2-15-1/2 - J	1 1	300
_	2 Tbg.	3457	
	TOP AT LOWARIE (Tout he	after recovery of total volume of load o	il and must be equal to or exceed top allow
V. TEST DATA AND REQUEST F	able for this d	lepth or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
12-15-68 Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	_	30 pgi	<u>-</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	26	15	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		40344	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	NCE	OU CONSER	VATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	i OIL CONSER	
I hereby certify that the rules and	i regulations of the Oil Conservation	APPROVED	// 19
Commission have been complied	with and that the information given the best of my knowledge and belief	BY John W. A	ungan
above is time and complete to t	··· · · · · · · · · · · · · · · · · ·		<b>0</b>
_		TITLE	to a suite and a suite
Eka Call	<b>'</b>	to the terminant for all	in compliance with RULE 1104.  lowable for a newly drilled or deepens
	gnature)	well, this form must be according tests taken on the well in ac	upanied DA E (EDMETION OF THE GALLET
Vice Presid	•		cordance with HULL III.

(Title)

(Date)

12-19-68

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.