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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

Operator MWJ PRODUCING COMPANY	
Address 413 First National Bank Building, 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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please specify) CASINGHEAD GAS MUST NOT BE STARTED AFTER 3/1/76 UNLESS AN EXCEPTION TO R-4073 IS OBTAINED.	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESCRIBED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. **R-5283**

DESCRIPTION OF WELL AND LEASE

Lease Name CHAVEROO STATE	Well No. 2	Pool Name, Including Formation CHAVEROO (SAN ANDRES)	Kind of Lease State, Federal, or Fee State	Lease No. LG-1774
Location				
Unit Letter C ; 2310 Feet From The West Line and 330 Feet From The North				
Line of Section 2 Township 8 South Range 32 Est. NMPM, CHAVES County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)	
THE PERMIAN CORPORATION Permian (Eff. 9 / 1 / 87)	Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 C	Sec. 2	Twp. 8S Rge. 32E

If 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 11/8/75	Date Compl. Ready to Prod. 12/2/75		Total Depth 4386		P.B.T.D. 4320			
Elevations (DF, RKB, RT, GR, etc.) 4498.4 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4303		Tubing Depth 4386			
Perforations 4303-4341					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		368		300			
7-7/8"	4-1/2"		4386		325			

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 12/2/75	Date of Test 12/4/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure 25	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 89	Water-Bbls. 10	Gas-MCF 989

GAS WELL

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

John L. Schlagal (Signature)
Agent
(Title)
January 19, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Gary Kipton
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.