

DISTRIBUTION	
SANTA FE	
FILE	
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)	Other (Please explain)
New Well: <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FIARED AFTER 3/1/76 UNLESS AN EXCEPTION TO R-407C IS OBTAINED.
Recompletion: <input type="checkbox"/>	
Change in Ownership: <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

Lease Name CHAVEROO "B" STATE	Well No. 1	Pool Name, including Formation CHAVEROO (SAN ANDRES)	Kind of Lease State, Federal or Fee State	Lease No. K-3189
Location				
Unit Letter H	1650	Feet From The North	Line and 330	Feet From The East
Line of Section 2	Township 8 S	Range 32E	, NMPM, Chaves County	

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		P. O. 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 H	Sec. 2
	Twp. 8S	Rge. 32E
Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 11/17/75	Date Compl. Ready to Prod. 12/10/75		Total Depth 4355		F.B.T.D. 4290			
Elevations (DF, RKB, RT, GR, etc.) 4472.6 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4285		Tubing Depth 4355			
Perforations 4285-5297					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-5/8"	24#	382	275 sx
4-1/2"	11.6%	4355	225 sx

Date First New Oil Run To Tanks 12/26/75		Date of Test 1/10/76		Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---		Choke Size ---	
Actual Pr.d. During Test	Oil-Bbls. 6	Water-Bbls. 35		Gas-MCF TSTM	

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

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.

Juanita Moreland
Agent
(Title)
January 15, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED Jan 15 1976, 19____

BY [Signature]

TITLE SUBMITTAL

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.