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(Date)

Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ORATION OFFICE Operator MWJ Producing Company 413 First National Bank Bldg., Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Chaveroo State 3 Chaveroo (San Andres) State, Federal or Fee Location State Feet From The North Line and 330 ____ ; ___330 Unit Letter Feet From The West , Township 8-S Range 32-E , NMPM, Chaves III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X| | or Condensate | | Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Box 1183, Houston, Texas 77001

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🛣 Transwestern Pipeline Company P. O. Box 2521, Houston, Texas 77001 If well produces oil or liquids, give location of tanks. Twp. Rae. Is gas actually connected? When D 2 R-32-E 8/ 6/78 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Designate Type of Completion - (X) Plug Back Same Res'v. Diff. Res'v. X Date Spudded Date Compl. Ready to Frod. Total Depth P.B.T.D. 5/24/78 8/ 6/78 4380' 4336' Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Chaveroo San Andres 4208' 4222' Perforations Depth Casing Shoe 4208' - 4317' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 11" SACKS CEMENT 8-5/8" <u> 1812'</u> 450 7-7/8" 4-1/2" 43681 325 2-3/8" 4222' V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 8/6/78 8/ 6/78 Pump Length of Test Tubing Pressure Casing Pressure Choke Size 24 Hrs. Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas - MCF 106 21 85 8 **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 I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY SUPERVISOR DISTRICT TITLE. N K Mela 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. Agent (Title) 8/8/78

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Senarate Forms C-104 must be still se

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