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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		<b>†</b>		

(Date)

	SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS		
1.	OPERATOR GAS  PROPATION OFFICE						
	Operator  MWJ Producing Company Address						
		Change in Transporter of:	Other (Please	explain)			
	Change in Ownership	Casinghead Gas Conde	<b>=</b>				
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.   Pool Name, Including F	Formation	Kind of Lease			
	Chaveroo State	4 Chaveroo (San		State, Federal or Fee	State LG 1774		
	Location Unit Letter E : 1650	Feet From The North Lir	ne and330	Feet From The We			
	Line of Section 2	wnship 8S Range	32E , NMPM,	Chaves	County		
II.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
The Permian Corporation Permian (Eff. 9 / 1/87) Box 1183 Houston Toxos 77001							
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Addre		Address (Give address to	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   Sec.   Twp.   Fge.   E   2   8S   32E	Box 2521, Hous Is gas actually connected Yes	? When	77001		
ïV.	If this production is commingled wit	1 323		3/6/79 number:			
	Designate Type of Completion	on - (X)   Oil Well   Gas Well   X	New Well Workover	Deepen Plug B	ack   Same Resty.   Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.		
	1/18/79 Elevations (DF, RKB, RT, GR, etc.)	3/6/79  Name of Producing Formation	4380'		343'		
	4479.9' Gr.	San Andres	Top Oil/Gas Pay	Tubing	339 *		
	Perforations 4205' - 4311'		1		Depth Casing Shoe		
	1101 5 0175		CEMENTING RECORD				
	12 1/4"	8 5/8"	DEPTH SET		SACKS CEMENT		
	.7.7/8"	4 1/2"	1769 <b>'</b> 4380 <b>'</b>		Sacks Sacks		
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)						
	Date First New Oil Run To Tanks 3/6/79	Date of Test 3/6/79	Producing Method (Flow,	pump, gas lift, etc.)			
	Length of Teet	Tubing Pressure	Pump Casing Pressure	Choke	Size		
	24 hrs. Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - M	CF		
İ		40	39	60			
	GAS WELL						
	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-i	n) Choke S	Size		
VI.	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		OIL CONSERVATION COMMISSION		COMMISSION		
			APPROVED		19		
above is true and complete to the best of my knowledge and belief.				ry	Work		
	0 1		TITLE	a filed in annum	on with pure and		
	D. R. Mele (Signature)		1	-	ce with RULE 1104.  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)		All sections of this form must be filled out completely for allowable on new and recompleted wells.				
3/7/79			Fill out only Sections I, II, III, and VI for changes of owner,				

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.

