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Ì	DISTRIBUTION		
Ì	SANTA FE		
ı	FILE		
	U.S.G.S.		
	LAND OFFICE		
	TRANSPORTER	OIL	
		GAS	
	OPERATOR		
1.	PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION PEOLIEST FOR ALL OWARLE

Form C-104
Supersedes Old C-104 and C-110

ŀ	FILE	REQUEST F	FUR ALLUWABLE	Effective 1-1-65		
- 1	U.S.G.S.		AND			
	LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
	OIL	1				
	TRANSPORTER	-				
ı	GAS	4				
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	MWJ Producing Company					
	Address 1804 First National Bank Building, Midland, Texas 79701					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well X	Change in Transporter of:		•		
	Recompletion	Oil Dry Gas	s 🔲	:		
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name	Title west and				
	and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOL					
	DECORIDERON OF WELL AND		F YOU DO NOT CONCUR			
ш.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	State-32	4 Tom Tom (San An	idras) Rola449 State, Federal	or Fee State K-3754		
		Tom Tom (Ball All	lules) // Ø	State 12-3734		
	Location		007.01			
	Unit Letter N; 330	O' Feet From The South Line	$_{ m e~and}$ 2310 $^{ m t}$ Feet From T	he West		
	Line of Section 32 Tov	waship 7S Range 31	LE , NMPM, Chaves	Co. New Mexico County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S			
	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)		
	Matador Pipe Line Inc.		P. 0. Box 1558, Brecken	ridge, Texas 76024		
	Name of Authorized Transporter of Cas		Address (Give address to which approv			
	Transwestern Pipe Line	Co.	P. O. Box 2521, Houston	Texas 77001		
		Unit Sec. Twp. Ege.	Is gas actually connected? Whe			
	If well produces oil or liquids,			/17/80		
	give location of tanks.		ies			
	If this production is commingled wi	th that from any other lease or pool, i	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on = (X)	New Well Workover Deepen	Flug Buck Sume Nes V.		
		A	X !			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/30/80	6/17/80	4,000'	39371		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	4243.0 Gr.	San Andres	3727 '	3776 '		
	Perforations	<u> </u>	3806-	Depth Casing Shoe		
3727-3731; 3744-3747; 3749-3751; 3759-3761; 3765-3767; 3790-3802; 3810' 4,000' TUBING, CASING, AND CEMENTING RECORD				4 0001		
				1 - 4 , 11111		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/2"	8 5/8"		950 Sacks		
			1397'	325 Sacks		
	7 7/8"	4 1/2"	4,000			
		2 3/8"	3,776'	ļ		
			<u> </u>	.		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	OIL WELL		pth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	r, erc.)		
	6/17/80	6/25/80	Pumping			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hours		₩-			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	20 Bbls.	15	5	20 MCF		
	<u> </u>	<u> </u>	·			
	CAR WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. 1881-MCF/D	Langua of Table	BBIB GONZONO I	Grand, or communicate		
			Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (BRUC-IM)	CROKE SIZE		
		<u> </u>				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
			100	A 1980		
	I havely considerable the sules and	regulations of the Oil Conservation	APPROVED /	<u></u>		
	Commission have been complied	with and that the information given	TITLE This form is to be filed in compliance with RULE 1104.			
	above is true and complete to th	e best of my knowledge and belief.				
	, n					
N. H Wells			Tracking in a request for allowable for a newly drilled or deepened			
	(/Sign	nature)	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 allow-			
	Agent					
	Agent	itle)	All sections of this form my	ist be filled out completely for allow- elia.		
6/27/80			able 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.			
						(Date)
			completed wells.			
			••			