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TRANSPORTER	OIL	
	GAS	
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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 1804 First National Bank Bldg. Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<del>UNOBTAINED</del>
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"/>	

If change of ownership give name and address of previous owner N/A THIS WELL HAS BEEN PLACED IN THE POOL OF ANOTHER LEASE. IF YOU WANT TO RECOVER PRODUCE FROM THIS WELL.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32	Well No. 5	Pool Name, including Formation Tom Tom (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-3754
Location Unit Letter C ; 990 Feet From The North Line and 2310 Feet From The West Line of Section 32 Township 7S Range 31E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2256 Wichita, Kansas 67201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300 Tulsa, Okla 74102					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 32	Twp. 7S	Rge. 31E	Is gas actually connected? yes	When 9/15/81

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

IV. 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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/11/81	Date Compl. Ready to Prod. 10/26/81	Total Depth 4000'		P.B.T.D. 3955'					
Elevations (DF, RKB, RT, GR, etc.) 4281.6' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3733'		Tubing Depth 3818'					
Perforations 3733-3812' 2 SPF		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8-5/8"		1483'		400 sx H-L-W & 200 sx "C"			
7-7/8"		4 1/2"		4000'		325 sx "C"			

V. 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 10/20/81	Date of Test 10/26/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bble. 18	Water-Bble. 7	Gas-MCF 23

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

  
(Signature)

Agent

(Title)

12/28/81

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY  \_\_\_\_\_

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.