NO. OF COPIES RECT	EIVED	
DISTRIBUTIO	NC	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
INANSPORTER	GAS	
OPERATOR		
PRORATION OF	FICE	
Operator MWJ PRODUC	ING CON	IPAN
Address 1804 First	Nation	nal
Reason(s) for filing	(Check prop	er box
New Well		
Recompletion	$\sqcap$	
Change in Ownershi		
If change of awares	thin rive r	
If change of owners and address of prev		
·		
DESCRIPTION O	F WELL	AND
Lease Name		
Saunders 1	.0 State	<u>.                                    </u>
Location		
1	,	

Pat Drexler - Agent

11/20/85

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11		
FILE	AND		Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS 🙀 Š		
LAND OFFICE			i i		
TRANSPORTER	Į ·	AMENDED	1 1		
OPERATOR GAS	-	1			
PRORATION OFFICE	4				
Operator					
MWJ PRODUCING COMPANY	<i>I</i>				
Address	). 1 P11	V.			
1804 First National E		kas /9/01			
Reason(s) for filing (Check proper box,		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil X Dry G	<b>─</b>			
Change in Ownership	Casinghead Gas Cond	ensate			
If change of ownership give name					
and address of previous owner					
. DESCRIPTION OF WELL AND	LEASE	•	•		
Lease Name	Well No. Pool Name, Including	Formation Kind of Le	Lease No.		
Saunders 10 State	2 Saunders Per	mo Upper Penn State, Fede	ergl or Fee State LG 2612		
Location			1		
Unit Letter J ; 1980	Feet From The South L	ine and 1980 Feet Fro.	m The East		
			•		
Line of Section 10 Tov	wnship 145 Range	33E , NMPM,	Lea County		
DESIGNATION OF TRANSPORT	TED OF OH AND MARKINAY	AC			
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL G		proved copy of this form is to be sent)		
Texas New Mexico Pipeli	**				
Name of Authorized Transporter of Cas		Address (Give address to which app	s. New Mexico 88240 proved copy of this form is to be sent)		
Warren Petroleum	<b></b>	P. O. Box 1589 Tulsa	0k1ahoma 74102		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.	J 10 148 33E	yes	1/18/85		
If this production is commingled with COMPLETION DATA	th that from any other lease or pool	, give commingling order number:			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty		
Designate Type of Completion	$\operatorname{on} - (X)$ X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
11/17/84	1/18/85	10090'	10054'		
Elevations (DF, RKB, RT, GR, etc.) 4202 GL	Name of Producing Formation  Bough "C"	Top Oll/Gas Pay	Tubing Depth		
Perforations	bodgii C	9908	10004 Depth Casing Shoe		
9908-9966'			10075'		
	TURING CASING AN	ND CEMENTING RECORD	10073		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
17-1/2"	13-3/8"	350'	unknown		
12-1/4"	8-5/8"	4125'	3500 sx		
7-7/8"	5-1/2"	10075'	900 sx		
5-1/2"	2-3/8"	110004			
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top allow		
OIL WELL	able for this	depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tiji, etc.j		
Length of Tool	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	repuid Liessans	Craind Liasama	0		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
			1		
1					
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-in)	Choke Size		
	<u> </u>				
CERTIFICATE OF COMPLIAN	CE	<b>}</b>	VATION COMMISSION		
		APPROVED NOV	2 2 1985		
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.		. 11	<del>-</del>		
		BY Eddie W. Seay			
		Oil & Gas Inspector			
		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	ature)	If this is a request for all well, this form must be accom	lowable for a newly drilled or deepene spanied by a tabulation of the deviation condance with BULF 111.		
(Sign	wiere/	tarata tahan an the wall is so	cordence with BILL E 111		

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.

NOV 21 1985