

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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-114
Effective 1-1-65

Operator M & W of Lovington, Inc.	
Address P. O. Box 922 Lovington, New Mexico 88260	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	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: Texaco USA Box 3109 Midland, Texas

DESCRIPTION OF WELL AND LEASE				
Lease Name New Mexico State BL	Well No. 1	Pool Name, including Formation Saunders Permo Penn	Kind of Lease State, Federal or Fee State	Lease No. 92551
Location				
Unit Letter I	1981	Feet From The South	Line and 660	Feet From The East
Line of Section 28	Township 14S	Range 33E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave. Lubbock, Texas 79413		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corp.		Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 28	Twp. 14S	Rge. 33E
	Is gas actually connected?		When	12/28/77
Yes				

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

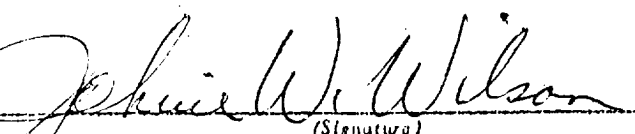
COMPLETION DATA				
Designate Type of Completion - (X)				
Oil Well	Gas Well	New Well	Workover	Deepen
Plug Back	Same Res'v.	Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations				Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Dble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Choke Size

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) President	
June 1, 1983 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>JUL 7 1983</u> , 19	
BY <u>ORIGINAL SIGNED BY EDON SEAY</u>	
TITLE <u>OIL & GAS INSPECTOR</u>	
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 portions of this form must be filled out completely for allowables 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.	

RECEIVED
JUL 5 1993
O.C.D.
HOBBS OFFICE

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