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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~NEW MEXICO OIL CONSERVATION COMMISSION~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 23 11 55 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Midwest Oil Corporation	
Address 1500 Wilco Building, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 _____

I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name State D	Well No. 3	Pool Name, Including Formation Monomere Middle Penn
Kind of Lease State, Federal or Fee State		00-5343
Location		
Unit Letter F	2080 Feet From The North Line and 1980 Feet From The West	
Line of Section 32	Township 13 S	Range 34 E , NMPM, Lee County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Pan American Petroleum Corp. (Trucks)	Box 1725, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Atlantic Refining Co.	Box 1610, Midland, Texas	
If well produces oil or liquids, give location of tanks.	Unit 6	Sec. 32	Twp. 13S
	Rge. 34E	Is gas actually connected? Yes	When 2-14-67

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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			

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	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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
_____ (Signature)		BY _____	
Production Clerk (Title)		TITLE _____	
August 22, 1967 (Date)		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.	