Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.					BLE AND L AND NA			N			
Operator MW.T. PRODI								ell API No.			
Address 400 W. II	Midland, Texas 79701										
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in		rter of:		ner (Please expi		79701			
Change in Operator If change of operator give name	Casinghea	nd Gas	Conden	sate 🗌							
and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	AND LE		Pool No	me Includ	ling Ecomotics		٧	ind of Lease		N	
Baum "6" Com	Well No. Pool Name, Includi 1 Baum Up							ate, Federal or Fee SW-478		Lease No. 478	
Location Unit LetterB	. 19	80	Feet Fr	om The _	last Lin	e and66	0	Feet From The	North	Line	
Section 6 Townshi	ip 14:	S	Range	33E	, N	мрм, Le	a			County	
III. DESIGNATION OF TRAN	<u>ISPORTE</u>	R OF OI	L ANI	D NATU	JRAL GAS						
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
Enron Trading & Transportation Name of Authorized Transporter of Casinghead Gas					Address (Gir	e address to w	hich appro	rved copy of this f	uston, Texas 77251-1 I copy of this form is to be sent)		
Warren Petroleum If well produces oil or liquids, zive location of tanks.	Unit	Sec.	Twp. 14S	P. O. Box 1589 T				ulsa, Ol			
f this production is commingled with that							I				
V. COMPLETION DATA							·				
Designate Type of Completion - (X)		Oil Well Gas Well			New Well	Workover	Deepe	n Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					.L			Depth Casin	Depth Casing Shoe		
					CEMENTI		D				
HOLE SIZE	CAS	SING & TUI	BING S	IZE		DEPTH SET			SACKS CEM	ENT	

. TEST DATA AND REQUES OIL WELL (Test must be after n							- 				
OIL WELL (Test must be after red) Oate First New Oil Run To Tank	Date of Tes		f load of	l and must		exceed top allo thod (Flow, pu			for full 24 hou	rs.)	
ength of Test	Tubing Pres	REITE			Casing Pressu	Tre.		Choke Size	 		
									2 1/2		
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF	Uas- MCF		
GAS WELL	<u> </u>	* ****			1			. <u>l</u>			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC				CE			ICED	VATIONI			
I hereby certify that the rules and regular Division have been complied with and to is true and complete to the best of my k	that the inform	mation giver						VATION I)N	
	\ <u>\</u>)			Date	Approve	d				
Signature Or holder					By CASON AS A POST OF STRYING						
Pat Drexler	Age		Tiela		11						
	915) 6				Title.			····			
Date		Telepl	hone No		H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

AUG 27 1990