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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOEBS Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
JUL 16 1 06 PM '68

I.

Operator MWJ Producing Company		
Address 413 First National Bank bldg., Midland, Texas		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baum State	Well No. 1	Pool Name, including Formation Baum upper Penn	Kind of Lease State, Federal or Fee State
Location			
Unit Letter D	660	Feet From The North Line and 660	Feet From The West
Line of Section 5	Township 14S	Range 33E	NMPM, Lea County 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"/> Admiral Crude Oil Corp.	Address (Give address to which approved copy of this form is to be sent) Box 713 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) NA					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5	Twp. 14S	Rge. 33E	Is gas actually connected? No	When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-6-68	Date Compl. Ready to Prod. 7-11-68		Total Depth 9999		P.B.T.D. 9950			
Pool Baum	Name of Producing Formation Penn		Top Oil/Gas Pay 9884		Tubing Depth 9808			
Perforations 9884 - 9917 (19 holes)					Depth Casing Shoe 9999			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13-3/8 - 48 - H		396		400			
11	8-5/8 24 & 32 J		4075		300			
7-7/8	5-1/2 17 J & N		9999		200			
	2" Buttress T&C		9808					

V. 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 7-11-68	Date of Test 7-11-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 0 Packer	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 340	Water-Bbls. 368	Gas-MCF 568

GAS WELL

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

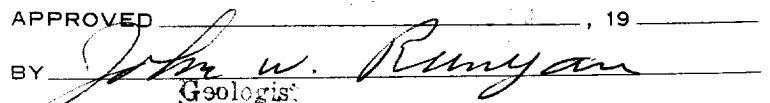

R. Ken Williams (Signature)
Agent

(Title)

7-12-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
Geologist
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 Sections I, II, III, and VI only 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.

