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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I. Operator **MIJ Producing Company**

Address **413 First National Bank Bldg., Midland, Texas**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **UNDESIGNATED**

Lease Name Baum A State	Well No. 1	Pool Name, Including Formation Baum Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. R1680
Location Baum-Upper Pennsylvanian R-3562				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 5	Township 14S	Range 33E	, NMPM, Lea 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 Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	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 J	Sec. 5	Twp. 14	Rge. 33	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 7-31-68	Date Compl. Ready to Prod. 9-4-68		Total Depth 10021		P.B.T.D. 9978			
Elevations (DF, RKB, RT, GR, etc.) 4268K	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 9936		Tubing Depth 9900			
Perforations 9996 - 9950 (14 holes)					Depth Casing Shoe 10021			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13-3/8 - 48 - H		377		400 sx			
11	8-5/8 24 & 32 - J		4079		300 sx			
7-7/8	5-1/2 17 J&N		10021		300 sx			

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 9-4-68	Date of Test 9-4-68	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0 (Packer)	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 297	Water - Bbls. 170	Gas - MCF 328

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

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)
Vice President

9-9-68

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 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.

