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TRANSPORTER	OIL	
	GAS	
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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

Operator MNJ Producing Company		
Address 413 First National Bank Bldg., Midland, Texas		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of Lease name from Baum B State to Baum B State Com
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		Lease No. K-3846
Lease Name Baum B State Com	Well No. 1	Pool Name, Including Formation Baum Upper Penn
Kind of Lease State, Federal or Fee State		
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West		
Line of Section 4 Township 14S Range 33E , NMPM, Lea County		

III. 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"/>	Admiral Crude Oil Corporation	Box 713, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit L Sec. 4 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		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	
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 (Title) 4-23-69 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	APR 25 1969
BY	J. H. [Signature]
TITLE	SUPERVISOR DISTRICT I
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.	

