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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

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

MAIN OFFICE
JAN 16 1969

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 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

II. DESCRIPTION OF WELL AND LEASE		UNDESIGNATED	
Lease Name Baum B State	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		Lease No. K-3846 K-32 K-6444	
Line of Section 4 Township 14S Range 33E , NMPM, Lee 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 Sec. Twp. Rge. Is gas actually connected? When
L 4 14 33	no

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)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-17-68	Date Compl. Ready to Prod. 1-17-69
Elevations (DF, RKB, RT, GR, etc.) 4251 KB	Name of Producing Formation Upper Penn
Perforations 9914 - 9940 (15 holes)	Total Depth 10,040
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17	13-3/8 - 48-H
11	8-5/8 - 24 & 32 J
7-7/8	2" EUE
DEPTH SET	
377	
4080	
9864	
SACKS CEMENT	
400	
300	
300	
Tubing Depth 9991	
Top Oil/Gas Pay 9914	
Depth Casing Shoe 10,036	

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 1-17-69	Date of Test 1-17-69	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. 309	Water-Bbls. 290	Gas-MCF 347

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
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) 1-29-69 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	7 FEB 7 1969 , 19
BY	John A. Jones
TITLE	SECRETARY
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.	

