

DISTRIBUTION	
SANTA FE	
FILE	
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

Supersede Old C-104 and C-105  
Effective 1-1-65  
O. C. C.  
MAY 28 11 48 AM '69

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 <u>Baum C State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Baum Upper Penn</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K 4000</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>13S</u> Range <u>33E</u> , 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"/> <u>Admiral Crude Oil Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 713 Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>31</u> Twp. <u>13S</u> Rge. <u>31E</u> Is gas actually connected? <u>No</u> 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)	<u>X</u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded <u>4-17-69</u>	Date Compl. Ready to Prod. <u>5-17-69</u>	Total Depth <u>10028</u>		P.B.T.D. <u>9987</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4280 KB</u>	Name of Producing Formation <u>Upper Penn</u>	Top Oil/Gas Pay <u>9887</u>		Tubing Depth <u>9834</u>		Depth Casing Shoe			
Perforations <u>9887-9918 (21 Holes)</u>									
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
<u>17</u>	<u>13 3/8-48-H40</u>	<u>363</u>		<u>400</u> sx					
<u>11</u>	<u>8 5/8-24&amp;32-J55</u>	<u>4045</u>		<u>300</u> sx					
<u>7 7/8</u>	<u>5 1/2-17-J&amp;N</u>	<u>10028</u>		<u>300</u> sx					
<u>----</u>	<u>2</u>	<u>9834</u>		<u>----</u>					

**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)

**OIL WELL**

Date First New Oil Run To Tanks <u>5-17-69</u>	Date of Test <u>5-17-69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swab &amp; Flow</u>	
Length of Test <u>24</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0 (Packer)</u>	Choke Size <u>2</u>
Actual Prod. During Test <u>---</u>	Oil-Bbls. <u>312</u>	Water-Bbls. <u>284</u>	Gas-MCF <u>350</u>

**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)  
R. Ken Williams, Agent  
(Title)  
5-27-69  
(Date)

**OIL CONSERVATION COMMISSION**  
MAY 29 1969  
APPROVED \_\_\_\_\_  
BY [Signature]  
TITLE MANAGER, 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 multiwell completed wells.