	HO. OF COPIES RECEIVED	err .		
	DISTRIBUTION	NEW MEXICO OIL		
	SANTA FE	REQUEST		
	FILE	_		
	U.S.G.S.	_ AUTHORIZATION TO TR		
	LAND OFFICE	-		
	TRANSPORTER GAS			
	OPERATOR			
1.	PRORATION OFFICE			
	MGF Cil Corporation			
	P. O. Box 5027, Midland, Texas 79701			
	Reason(s) for filing (Check proper bo			
	New Well	Change in Transporter of:		
	Recompletion Change to Company to	Oil Dry G  Casinghead Gas Conde		
	Change in Ownership	Casingheda Gas Conde		
	If change of ownership give name and address of previous owner			
Ħ.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F		
	Lease Name			
	Cities Service State	1 Baum Upper Pe		
	34 64	60 Cm+h		
	Unit Letter ; Or	60 Feet From The South Li		
	Line of Section 30 To	ownship 13-S Range		
Ħ.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		
	The Permian Corporat			
	Name of Authorized Transporter of Co			
	Warren Petroleum Corp	<del></del>		
		Unit   Sec.   Twp.   Rge.		
	If well produces oil or liquids, give location of tanks.	M 30 13-S 33-I		
	If this production is commingled with that from any other lease or pool, COMPLETION DATA			
	Designate Type of Completi	on - (X) Oil Well Gas Well		
	Date Spudded	Date Compl. Ready to Prod.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
	Perforations	,		
	TUBING, CASING, AN			
	HOLE SIZE	CASING & TUBING SIZE		
<i>!</i> .	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this d		
	Date First New Oil Aun 10 I date	54.6 0		
	Length of Test	Tubing Pressure		
	Actual Prod. During Test	Oil-Bbls.		
	GAS WELL	11		
	Actual Prod. Test-MCF/D	Length of Test		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
I.	CERTIFICATE OF COMPLIAN	ICE		
		segulations of the Oil Conservation		

Engineer

September 9, 1977

(Title)

(Date)

## CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TR	ANSFORT OIL AND NATURAL	GAS .
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE Operator			
MGF Oil Corporat	ion		
P. O. Box 5027, 1	Midland, Texas 79701		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	
New Well	Change in Transporter of:	800 Bbls. of	Power Oil
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	F	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Name, Including F	Commation Kind of Leas	Lease No.
Cities Service State	1 Baum Upper Pe	enn State, Feder	olorFee State K-3197
Location Unit Letter M ;	60 Feet From The South Lin	ne and 660 Feet From	The West
Oint Letter			1100
Line of Section 30	ownship 13-S Range 3	33-E , ммрм, <u>Lea</u>	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
The Permian Corpora	tion	P. O. Box 1183, Hous	
Name of Authorized Transporter of C Warren Petroleum Con	Casinghead Gas or Dry Gas 🏋 Toomation	Address (Give address to which appropriate P. O. Box 1589, Tulsa	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen
give location of tanks.	M 30 13-S 33-E	<u></u>	
If this production is commingled COMPLETION DATA	vith that from any other lease or pool,		
Designate Type of Comple		New Well Workover Deepen	Plug Back   Same Resty. Diff, Resty
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	1		Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas l	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas :	iji, eic.j
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas - MCF
GAS WELL	Transport Trans	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCF	Gravity of Condensate
Testing Method (pitat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
I haveby castify that the miles on	i regulations of the Oil Conservation	APPROVED SEP 12	린///, 19
Commission have been complied	with and that the information given	вуО	· • • • • • • • • • • • • • • • • • • •
above is true and complete to t	ove is true and complete to the best of my knowledge and he' f		ey Sextoa
			A Supp.
Sual & Bom	1	This form is to be filed in	compliance with RULE 1104.
Must I Bow		If this is a request for allo	wable for a newly drilled or deepensonied by a tabulation of the deviation

well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. (Signature)

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.