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LW MEXICO OIL CONSERVATION COMMISSIO. Form C -104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator MGF Oil Corporation 1126 Vaughn Building, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Recompletion Dry Gas Ott Condensate Change in Ownership X Casinghead Gas If change of ownership give name and address of previous owner ____ Major, Giebel & Forster, 1126 Vaughn Building, Midland, Texas 79701 II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 1 Baum Upper Penn State K-3197 Cities Service State Location 660 Feet From The South Line and 660 West Unit Letter 30 13-S Range 33-E NMPM, Lea County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 1345, Midland, Texas 79701

Address (Give address to which approved copy of this form is 10 be sent) Admiral Crude Oil Corporation or Dry Gas Name of Authorized Transporter of Casinghead Gas X P. O. Box 1589, Tulsa, Oklahoma 74100 Warren Petroleum Corporation Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. 30 13-S 33-E Yes M If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Deepen Plug Back Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Casing Pressure Choke Size Tubing Pressure Length of Test Gas - MCF Actual Prod. During Test Water - Bbls. Oil-Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION 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. APPROVED_ Orig. Signed by Joe D. Ramey Dist. I, Supv. 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. (Signature) Engineer All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) October 21, 1971 (Date)

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.