	NO. OF COPIES RECEIVED						
	DISTRIBUTION						
	SANTA FE						
	FILE						
	u.s.g.s.						
	LAND OFFICE						
1.	TRANSPORTER	OIL					
		GAS					
	OPERATOR						
	PRORATION OF						

(Title)

(Date)

DECEMBER 3, 1970

DISTRIBUTION			NEW MEXICO OU	CONCEDUATION		_		
SANTA FE		4		ST FOR ALLOWABLE	CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110	
FILE	REQUEST			AND		Effective 1-1-65		
U.S.G.S.		AUTH	OPIZATION TO T	RANSPORT OIL AND	NATURAL CA	c		
LAND OFFICE		70111	ORIZATION TO T	KANSPORT OIL AND	NATURAL GA	3		
OIL		7						
TRANSPORTER GAS		1						
OPERATOR								
PROPATION OFFICE								
Operator								
MWJ PROD	UCING (COMPANY						
Address			M			······································		
413 FIRS	T NATIO	NAL BANK	BUILDING, MID	LAND, TEXAS 797	701			
Reason(s) for filing (Check				Other (Plea				
New Well	• •	•	in Transporter of:		temporary	outhowitz t		
Recompletion		Oil			gle Baum "F"			
Change in Ownership		Casingh					e is approve	
		•		dicir a	ipprication	to committigit	z is approve	
If change of ownership gi								
and address of previous	wner							
II DESCRIPTION OF WE	Y Y A NID	I E AGE						
II. DESCRIPTION OF WE	LL AND	Well No.	. Pool Name, Including	Formation	Kind of Lease		Lease No.	
BAUM "F"			State, Federal or	Fee CTATE				
Location			DAOM (OTTER	. I DIVIV	1	SIALE	K-3138	
	2216	1	COTIMIT	000		T 774 O		
Unit Letter L	_;_2310	Feet Fr	om The SOUTH	Line and 990	Feet From The	WEST		
-		,	a	00 -				
Line of Section 5	Tov	wnship 14 S	S Range	33 E , NMP	м,	LEA	County	
II. DESIGNATION OF TR							,	
Name of Authorized Transp			Condensate	Address (Give address			s to be sent)	
Texas-New Mexico				P. O. Box 151	0, Midland,	TX 79701		
Name of Authorized Transp		ainghead Gas 🛚	or Dry Gas 🗔	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum	Corp.			P. O. Box 158	9, Tulsa, 0	klahoma 741	L02	
If well produces oil or liqu	ids,	Unit Sec	1 7 1	Is gas actually connec	cted? When			
give location of tanks.	•	!D ! 5	5 14S 33E	Yes	Feb:	ruary 27, 19	970	
V. COMPLETION DATA Designate Type of	Completic	on – (X)	Oil Well Gas Well	New Well Workover	Deepen F	Plug Back Same F	Res'v. Diff. Res'v.	
Date Spudded		Date Compl.	Ready to Prod.	Total Depth		P.B.T.D.		
11-2-70		12-3-70		10,060		10,021		
Elevations (DF, RKB, RT,	GR. etc.)	Name of Producing Formation		Top Oil/Gas Pay	7	ubing Depth		
KB 4277	, ,	Upper Pe	enn	9900		9885		
Perforations		· · · · · · · · · · · · · · · · · · ·					Depth Casing Shoe	
9909, 12, 13, 14	9909, 12, 13, 14, 17, 18, 19, 30, 31, 32, 37,			39, 40, 41, 42		10,057		
		•		ND CEMENTING RECO		20,007		
HOLE SIZE			G & TUBING SIZE	DEPTH S		SACKS CI	EMENT	
17 1/2		13 3		362	361	·	SME N I	
11		8 5		4074		400		
7 7/8		5 1				300		
		 	.12	10057		200		
TI TITION DAMA AND DEC		OR ATTOMA	ADV To an in the second					
V. TEST DATA AND REC	(UEST FC	OR ALLUWA		e after recovery of total vol depth or be for full 24 how		must be equal to o	r exceed top allow-	
Date First New Oil Run To	Tanks	Date of Test		Producing Method (Fla		rtc.)		
12-1-70		12-2-70		Swab and Flow				
Length of Test		Tubing Pressure		Casing Pressure		Choke Size		
24 hr.		50-100		Pkr.		12/16"		
Actual Prod. During Test		Oil - Bbls.		Water-Bbls.		12/16" Gas-MCF		
		336						
<u> </u>		330		144		300		
CAC WEST T								
GAS WELL Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Sound Frod. 1881-MOF/D	Length of Test		DDIS. Condensate/MMCF		Gravity of Condensate			
Tanting Math at Julius Land	6 no 1	Tukton Post		Castan Danier & Car	÷-451	haka Ci		
Testing Method (pitot, back	, pr.)	I uning Press	we (Shut-in)	Casing Pressure (Shu	C-111)	hoke Size		
		L						
I. CERTIFICATE OF CO	MPLIAN	CE		OIL	CONSERVATI		NO	
					FD 19	/U		
I hereby certify that the					<i></i>	1	., 19	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					By John W. Kurran			
acces to title and combi	Dogs of my	alle nette		BY Seriorisi				
				TITLE	USICK 89			
	<i>a</i> .			Project = E	سيحاط اسمائة ممانة	alianas mistr = ···	E 1104	
Sol-le	0.1	\bigcirc		11	to be filed in com	•		
_ W U Ui	(Signa	iture)		well, this form mu	quest for allowablest be accompanied	d by a tabulation	of the deviation	
AGENT	/ (Signa	··· ··· • /		tests taken on the	well in accordar	ce with RULE 1	11.	
MODNI				i I				

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

RECEIVED

DEO 7 1970 DIL CONSERVATION COMM. HODES, N. M.