ı	NO. OF COPIES RECEIVED	7				
	DISTRIBUTION					
		· NEW MEXICO OIL CONSERVATION COMMISS			Form C-194	C 101 and C 1
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old Effective 1-1-6:	
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND N	ATURAL GAS		
	LAND OFFICE	+				
	TRANSPORTER GAS	1				
	OPERATOR	1				
	PRORATION OFFICE	4				
1.	Operator Operator	<u> </u>				
	MGF Oil Corporation					
	1126 Vaughn Building, Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New We!! Change in Transporter of:					
		Oil Dry G				
	Recompletion		ensate			
	Change in Ownership 3	Casinghead Gas Conde	ensute []			
	change of ownership give name Major, Giebel & Forster, 1126 Vaughn Building, Midland, Texas 797					
	and address of previous owner	Major, Glebel & Fors	ster, 1126 Vaugn	n Bullaing, N	vilatana, Te	exas /9/
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including I	Formation	Kind of Lease		Lease No.
	Huber "A"	l North Bagley	i	State, Federal or Fe	e Fee	
		1 North Dagley	1 CIIII		166	-l
	Location 1000 Interest					
	Unit Letter C; 660 Feet From The North Line and 1980 Feet From The West					
	0 12-9 - 33-F Ioa					
	Line of Section 5 Tox	wnship 12-5 Range	33-E , NMPM,	Tea		County
			4.0			
111.	DESIGNATION OF TRANSPORT	Address (Give address to which approved copy of this form is to be sent)				
	Amoco Pipeline C		3411 Knoxville Ave., Lubbock, Texas 79413			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
	The state of the s					
			P. O. Box 1589, Tulsa, Oklahoma 74100  Is gas actually connected? When			
	If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.	1	1		
	give location of tanks.	0 9 112 33	Yes			
	If this production is commingled wi	th that from any other lease or pool	, give commingling order	number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Res	'v. Diff, Res'
	Designate Type of Completic		1	J. Lag		1
		<u> </u>	Total Donth	P.B.	i	<u>i</u>
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.		
	CEL DES DES DE	L Destruction Description	Top Otl /Can Day	Tuki	ng Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	i don	ng Deptii	
				Dani	h Casing Shoe	
	Perforations			Depti	ir Casing bilos	
	TUBING, CASING, AND CEMENTING RECORD					
					SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEN	ENI
			<del>- </del>		· · · · · · · · · · · · · · · · · · ·	
			<del> </del>			
			<del> </del>			
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 of Test	Producing Method (Flow		)	,
	Date First New Oil Run To Tanks	240 01 1000		emerane of start	•	
	Length of Test	Tubing Pressure	Casing Pressure	Chok	ce Size	

Water - Bbls.

Bbls. Condensate/MMCF

APPROVED

TITLE .

Casing Pressure (Shut-in)

able on new and recompleted wells.

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

**GAS WELL** 

Oil-Bbls.

Length of Test

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.

(Signature) Engineer

(Title)

(Date)

October 21, 1971

Tubing Pressure (Shut-in)

Gas - MCF

Choke Size

1971

OIL CONSERVATION COMMISSION

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.

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.

All sections of this form must be filled out completely for allow-

Gravity of Condensate

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ED

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