State of New Mexico En , Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

	REQ					AUTHORIZ					
l.		TO TRA	ANSPO	ORT OIL	AND NA	TURAL GA	S				
Operator								Well API No.			
MGF Oil Corporation								30-025-23862			
Address									•		
P. O. Box 21540,	Tulsa,	OK 7	4121-	1540							
Reason(s) for Filing (Check proper box) New Well		<u>.</u> .			Oth	er (Please expla	n)				
Recompletion	0"	Change in									
Accompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate						effective 3/1/91					
change of operator give name	Cantilitie	ad Oas [Conden	sate [·			·		
and address of previous operator	·				·····		· · · · · · · · · · · · · · · · · · ·				
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Including Form				ng Formation	di	Kind	of Lease	(Lease No.		
Stan		1 Bagley, North Penn					Federal on Fee		asc (10,		
Location		-l		-073	<u>//</u> -						
Unit LetterI	:	660	_ Feet Fro	om The	ast Lin	e and19	80 F	eet From The	South	Line	
Section 9 Townsh	nip 1	2S	Range	33E	, N	мрм,		Lea		County	
III. DESIGNATION OF TRAI	ידמ חקצע	R OF O	IT. ANI	ייזייגע ח	DAT CAC					J	
Name of Authorized Transporter of Oil	"EDTY"	Engran	helarn		Address (Giv	e address to wh	ich anne	d come of this f	rm ie to L		
Enron Oil Trading & Transpartation 1.03					Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, TX 77251-1188						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas											
Warren Petr. Corp.					Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Î			When ?			
/e location of tanks. I 9 12S 33E						Yes n/a					
f this production is commingled with that V. COMPLETION DATA	t from any ot	her lease or	pool, giv	e comming!	ing order num	ber:					
		Oil Wel	1 0	Jas Well	New Well	Workover	Deenen	Dian Dark	le. p. i		
Designate Type of Completion	ı - (X)	i			1	i morkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	ipl. Ready t	o Prod.		Total Depth	L		P.B.T.D.		<u> </u>	
								1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	me of Producing Formation				Top Oil/Gas Pay		Tubing Depth			
Perforations											
*Citorations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECORI)				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			·		<u> </u>						
											
											
V. TEST DATA AND REQUE	CT FOR	11100	THE		<u> </u>						
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To	olal volume	of load o	oil and must	be equal to or	exceed top allo	wable for th	is depth or be f	or full 24 how	s.)	
	Date of 1	E 24			Producing M	ethod (Flow, pw	np, gas lift,	eic.)			
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
	1.236 11	Luding Pressure				Casing Pressure			CHOKE SIZE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
								O = 0 - IVICE			
GAS WELL			***		L			_l	·		
Actual Prod. Test - MCF/D	MCF/D Henrih of Test					Inti- C- i Antan					
200	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
The state of the s											
VI OPERATOR CERTURA	7 A 7777 - C-	7.00: -						<u> </u>	2		
VI. OPERATOR CERTIFIC	AIE O	COMI	LIAN	CE	/	או רטאי	CEDV	ATION	~!~!~		
I hereby certify that the rules and regu	uations of the	Oil Conse	rvation		II	DIL CON	OEH A	AHUNI	コVISIC	N	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

Charlotte Van Valkenburg,

Signature

Date

Printed Name

3/14/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Date Approved

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Tech. Coordinator

918-491-4314

Title

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.