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LAND OFFICE			
TRANSPORTER	Ö		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OF	ICE		_
Operator			
MWJ PRODU	CING	COM	PA
Address			
1804 Firs	t Nat	ion	al
A / \ / (1)	CILL		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

54.5		 	\vdash		K	EQUEST F		MADLE		Effec	tive 1-1-65	
U.S.G.S.		-	\vdash	AUTUODI	7 A TION		AND	I AND N	ATURAL GA	· c		
LAND OFFICE		 		AUTHORIZ	LATION	I IO IKAN	SPURT U	L AND N	ATURAL GA	13		
TRANSPORTER	OIL	-										
OPERATOR	L		\vdash									
PRORATION OF	FICE											
Operator MWJ PRODU	CING	СОМ	PANY									
Address												1
1804 Firs Reason(s) for filing				ank Bldg	Midla	nd, Texa		ner (Please	explain)			
New Well				Change in Tro	nsporter	of:						1
Recompletion				Oil	X	Dry Gas						
Change in Ownershi	P			Casinghead G	ias	Condens	ate				<u>-</u> -	
If change of owners and address of pre-								·	···			
DESCRIPTION O	F WEI	LIL A	ND I	EASE					Kind of Lease			Lease No.
Lease Name				Well No. Po	ol Name,	Including For	mation		State, Federal	or Fee		
Saunders	<u>16 St</u>	ate		1 Sa	under	s Permo	Upper P	enn	State, Federal	S S	tate	L-4945
Location Unit Letter	_I	_ ;	198	30 Feet From T	he_Sou	ith_Line	and <u>66</u>	0	_ Feet From T	he Eas	t	
I inc of Cookie	16		Tow	nship 14S		Range 33E	:	, NMPM,	Lea			County
Line of Section			100	nemp = 10		.,,5 551		,	<u> </u>			
DESIGNATION C	of TR	ANS	PORT	ER OF OIL AN	ND NAT		Address (Gi	ve address t	o which approv	ed copy of the	is form is to	be sent)
Name of Authorized					-	-		30x 2528		New Me		
Name of Authorized				eline Compa	or Dry	Gas	Address (Gi	ve address t	o which approv	ed copy of th	is form is to	be sent)
Warren Pe							P. O. H	30x 1589	Tulsa,	Oklahom	a 74102	
If well produces oil				Unit Sec.	Twp.	P.ge.	Is gas actua	lly connecte	d? Whe			
give location of tar				I 15	148	33E	yes			12/5/80		
If this production		ningl	ed wit	h that from any o	ther lea	se or pool, (give commin	gling order	number:			
Designate Ty		Com	pletic	on - (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Restv.
Date Spudded				Date Compl. Rea	dy to Pro	d.	Total Depth	<u>i.</u>		P.E.T.D.	<u>, , , , , , , , , , , , , , , , , , , </u>	_ L
Elevations (DF, RI	KB, RT,	GR,	etc.j	Name of Producin	ng Forma	tion	Top Oil/Ga	s Pay	- Marie - Mari	Tubing Dep	th	
Perforations										Depth Casi	ng Shoe	
						ACING AND	CEVENTI	NC BECOE	<u> </u>			
				CASING &		ASING, AND	CEMENTI	DEPTH S		S.	ACKS CEME	NT
HOL	ESIZE			CASING &	TOBIN	G 312E		02. 11.0				
										 		
. TEST DATA A	ND RE	QUE	ST F	OR ALLOWABI	LE (T	est must be a	fter recovery	of total volu	ime of load oil	and must be	qual to or ex	ceed top allow
OIL WELL				Date of Test		ble for this de			v, pump, gas li	ft, etc.)		
Date First New Oi	l Run To	o Tan	K S	Date of Yest								
Length of Test				Tubing Pressure Casin		Casing Pre	Casing Pressure		Choke Size			
Actual Prod. Duris	ng Test			Oil-Bble.			Water - Bbl	ī.	·	Gas-MCF	· · · · · · · · · · · · · · · · · · ·	
							<u> </u>					
GAS WELL							1-:			T.C===:	Condensate	
Actual Prod. Tes	t-MCF/	D		Length of Test				lensate/MMC				
Testing Method (pitot, ba	ck pr.)	Tubing Pressure	(Shut-	in)	Casing Pro	ssure (Shu	t-in)	Choke Size	• 	
I. CERTIFICATE	OFC	OMP	LIAN	iCE				OIL	CONSERV	ATION CO	MMISSION	1
							#	= =	APR	17198	4	19
I hereby certify	that the	rule	s and	regulations of th	e Oil C	Conservation	APPRO	VED			,	
Commission have above is true as								A617	SINAL SIGNE	n by man	V CEVIAL	
20070 12 1100 01	23			-			! }	ORIC		d by 1898. Leupervis		
		_					1116					1104.

r – Agent (Title) Pat Drexler 4/13/84 (Date)

This form is to be filed in complic

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.

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 completed wells.

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APR 16 100.

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LAND OFFICE			
IRANSPORTER		_	
TRANSPORTER			
OPERATOR			_
PRORATION OF	ICE	11_	_
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

DISTRIBUTION		OR ALLOWABLE	Supersedes Old C-104 and C-110
SANTA FE FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	. S
LAND OFFICE	7,0 , , , , , , , , , , , , , , , , , ,		
OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator		•	
MWJ Producing Company			
Address	n illi Milliand Torre	70701	
1804 First National Bank	R Building, Midland, Texa	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:		
New We!l	Oil Dry Gas	Designation of Tr	ansporter & date
Recompletion	Casinghead Gas XX Condense		
Change in Ownership	Cusinghous day 4223		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	EASE		Lease No.
Lease Name	Well No. Pool Name, Including For		- 1015
Saunders 16 State	1 Saunders Permo 1	Upper Penn. State, Federal	or Fee State L-4945
Location			.
Unit Letter I : 1980	Feet From The South Line	and 660 Feet From T	he East
			County
Line of Section 16 Town	nship 14S Range 33	Е , ммрм, Lea	County
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Oil	br Condensate	P. O. Box 1183. Houston	n. Texas 77001
The Permian Corporation	inghead GasXXX or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Cast Warren Petroleum Corpora	ation	P. O. Box 1589, Tulsa,	
waffen Fettoredin Corpora	Date Date	Is gas actually connected? Whe	en 74.102
If well produces oil or liquids,	Unit Sec. Twp. Fige.	-No Thes	L2/5/80
give location of tanks.	1	rive commissions order number:	
If this production is commingled with	h that from any other lease or pool, a	give commentaring order number.	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	$\mathbf{x} = \mathbf{x}$	x	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/19/80	11/13/80	10,055'	10,011'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4211.5 Gr.	Penn.	9920 *	9900 Pepth Casing Shoe
Perforations		10 577	Depth Casing Shoo
9920-9929'; 9935-9937;		W/2 SPF	
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
17 1/2"	13 3/8"	415'	400 Sacks 1800 sacks
11"	8 5/8"		300 sacks
7 7/8"	5 1/2"	10,055	July Sacres
			and must be squal to or exceed top allo
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil option of the for full 24 hours	and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Date First New Oil Hun 10 I date			
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	\ \ \frac{1}{2} \cdot \frac{1}		
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas - MCF
Actual Float Daining			
GAS WELL		12	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensary
İ		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Bildt-12)	0.020 0.02
			ATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION
		APPROVED	1981
I hereby certify that the rules and	regulations of the Oil Conservation	A PROVED	
Commission have been complied	with and that the information given he best of my knowledge and belief.	BY Jerry Sexun	
Commission have been complied with and that the historian above is true and complete to the best of my knowledge and belief.		TITLE Dist L Super	1
0 22-1		If the form is to be filed in	compliance with RULE 1104.

taent (Title) 2/6/81 (Date)

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.

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 completed wells.

NO. OF COPIES RECE	IVED	ĺ		
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U.S.G.S.	l			
LAND OFFICE				
TRANSPORTER	OIL			
IRANSPORTER				
OPERATOR			_	
		T		

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS ,
LAND OFFICE			
TRANSPORTER OIL			•
GAS			
PRORATION OFFICE			
Operator Operator			
MWJ Producing Company			
Address			
	nk Building, Midland, Texa		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well KX	Change in Transporter of:	The second of th	AS MUST NOT BE
Recompletion	Oil Dry Gas Casinghead Gas Condense	and the second of the second o	/ - / - /
Change in Ownership	Cashqueda Gas Contonio	TIME WAS AN EX	CEPTION TO RACTO
f change of ownership give name		B OBTAINED.	
nd address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including For		
Saunders 16 State	1 Saunders Permo	Upper Penn. State, Federa	or Fee State L-4945
Location			Fast
Unit Letter;;	South Line	and 660 Feet From	rhe <u>East</u>
	146 33		County
Line of Section 16 To	wnship 14S Range 33	3E , NMPM, Lea	County
	TO OF OUT AND NAMED AT CAR		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil The Permian) orporation	n constant in	P. O. Box 1183, Houston	n. Texas 77001
Name of Authorized Transporter of Ca		Address (Give address to which appro	ved copy of this form is to be sent)
Warren Petroleum Corpor	ration	P. O. Box 1589, Tulsa	, Oklahoma 74102
	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
If well produces oil or liquids, give location of tanks.	I 16 14S 33E	No	
	ith that from any other lease or pool, g	give commingling order number:	
If this production is commingled w. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Oil Well Gas Well	New Well Workover Deepen	Programme Tool
Designate Type of Completi		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod. 11/13/80	10,055	10,011'
9/19/80		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) 4211.5 Gr.	Penn.	9920'	99001
			Depth Casing Shoe
Perforations 9935-9937	; 9941-9945'; 9953-9962'	W/2 SPF	
3,520 3,523 , 3,500 3,500	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	415'	400 sacks 1800 sacks
11"	8 5/8"	4120'	300 sacks
7 7/8"	5 1/2"	10,055'	300 Sacks
			to a second top allo
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allo
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks	!	Flowing	
11/13/80	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	50 psi.	0-Packer	1/2"
24 hrs. Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gae-MCF
115	85	30	85
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			
. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	ATION COMMISSION
			JUON . 19
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	10/2
Commission have been complete	d with and that the information given the best of my knowledge and belief.	BY JUSTICE TO	(XIMU AN
above is true and complete to			サンプリスク 11 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2
a		TITLE	
1) 1) 11		This form is to be filed i	n compliance with RULE 1104.
1.71. 1/1e	2/4		lowable for a newly drilled or deepen upanied by a tabulation of the deviation of the devia
- Ca	ignature)	II take taken on the Well III av	COLUMNICA MILLI MACA
Production Clerk		All pactions of this form	must be filled out completely for all
	(Title)	able on new and recompleted	we was and tot for changes of OWI
11/13/80	(D)	well same or number, or trains	porteri or other second
	(Date)	!!	wat he filed for each pool in multip

Separate Forms C-104 must be filed for each pool in multiply completed wells.