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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator MWJ Producing Company	
Address 1804 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

**PLEASE EXPLAIN GAS MUST NOT BE
FLARED AFTER 9/1/81
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

Lease Name Baum 17 State		Well No. 1	Pool Name, including Formation Baum Upper Pen R-6758	Kind of Lease State, Federal or Fee State	Lease No. V-124
Location					
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West					
Line of Section 17 Township 14S Range 33E , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation		P. O. Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Corporation		Box 1589, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 17	Twp. 14S	Rge. 33E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3/14/81	Date Compl. Ready to Prod. 6/29/81	Total Depth 10,150'		P.B.T.D. 10,000'					
Elevations (DF, RKB, RT, GR, etc.) 4246.6' Gr.	Name of Producing Formation Upper Penn.	Top Oil/Gas Pay 9933'		Tubing Depth 9971'					
Perforations 9933-9938'; 9940-9943'				Depth Casing Shoe 10,143'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17"	13 3/8"	375'		400 sacks					
11"	8 5/8"	4113'		1300 sacks					
7 7/8"	5 1/2"	10,143'		300 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks 6/29/81	Date of Test 6/29/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure 25#	Choke Size -----
Actual Prod. During Test 179	Oil-Bbls. 69	Water-Bbls. 110	Gas-MCF 138

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

L. R. W. Wick
(Signature)
Agent
6/30/81 (Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry L. Lott
TITLE SUPERVISOR DISTRICT

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.

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.