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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 1-1-65

Operator MWJ PRODUCING COMPANY	
Address 1804 First National Bank Bldg. Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Stevens	Well No. 1	Pool Name, including Formation Tulk (Penn) R-1223	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 35 Township 14S Range 32E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
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)					
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	Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35	Twp. 14S	Rge. 32E	Is gas actually connected? yes	When 11/14/81

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

VI. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't'v. <input type="checkbox"/> Diff. Res't'v. <input type="checkbox"/>		
Date Spudded 8/10/81	Date Compl. Ready to Prod. 10/30/81	Total Depth 10,035'	P.B.T.D. 9989'
Elevations (DF, RKB, RT, GR, etc.) 4287.9 GL	Name of Producing Formation Bough B	Top Oil/Gas Pay 9714'	Tubing Depth 9842'
Perforations 9714-9823'	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	459'	400
11"	8-5/8"	4070'	1500
7-7/8"	5 1/2"	10035'	300
7-7/8"	2-3/8"	9842'	


V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Text 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 10/30/81	Date of Test 10/30/81	Producing Method (Flow, pump, gas lift, etc.) Pumping 16" Fluid Pac Hydraulic	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 85	Water-Bbls. 110	Gas-MCF 212

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)

Agent
(Title)

11/20/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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.