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| | GAS |
| OPERATOR | |
| PRODUCTION 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"/> |
| Other (Please explain) To show gas connection | |

If change of ownership give name and address of previous owner N/A

| | | | | |
|---------------------------------|-----------------|-------------------------------------------------------------|-----------------------------------------|-----------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Saunders 26 State | Well No. 1 | Pool Name, Including Formation Saunders Permo Upper Penn | Kind of Lease State, Federal or Free | Lease No. L-6717 |
| Location | | | | |
| Unit Letter E | 1980 | Feet From The North | Line and 660 | Feet From The West |
| Line of Section 26 | Township 14S | Range 33E | , NMPM, Lea County | |


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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 26 | Twp. 14S | Rge. 33E | Is gas actually connected? Yes | When 3/25/82 |

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

| | | | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|
| COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/> | | |
| Date Spudded 12/8/81 | Date Compl. Ready to Prod. 2/9/82 | Total Depth 10075' | P.B.T.D. 10010' |
| Elevations (DF, RKB, RT, GR, etc.) 4189.4 GL | Name of Producing Formation Bough "C" | Top Oil/Gas Pay 9849' | Tubing Depth 9989' |
| Perforations 9848-94' | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
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|----------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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| I. 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) | |
| 4/19/82 | |
| (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APR 22 1982 | |
| 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. | |