NO. OF COPIES RECEIVED		<u> </u>	
DISTRIBUTION			
SANTA FE			<u> </u>
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	L	
IRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE		1	

DISTRIBUTION		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and 6	C-110	
SANTA FE	REQUEST FOR ALLOWABLE  Supersedes Dia C-104 and C- Effective 1-1-65  AND				
FILE	AUTHORIZATION TO TRANS		AL GAS		
U.S.G.S.	AUTHORIZATION TO TRAIN	SPORT OIL AND HATOK			
OIL					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE				$\neg$	
Operator					
MWJ PRODUCING COMPANY					
1804 First National Ba	nk Bldg Midland, Texas	3 79701			
Reason(s) for filing (Check proper box)	ink blug liluland, 10mg	Other (Please explain		ļ	
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Ownership	Casinghead Gas Condens	ate			
If change of ownership give name	N/A				
and address of previous owner	N/A				
	DAGE				
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	mation Kind of	Lease Lease	No.	
Baum 7 State	3 Baum Upper Per	nn State, I	Federal or Fee State V-108	<u>.                                    </u>	
Location					
Unit Letter H ; 1980	Feet From The North Line	and 660 Feet	From The East		
				intv	
Line of Section 7 Town	nship 14S Range	33Е , имрм,	Lea Cou	,	
	ED OF OU AND NATURAL GAS	•			
DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	approved copy of this form is to be sent)		
The Permian Corporati		P. O. Box 1183	Houston, Texas 77001		
Name of Authorized Transporter of Cas	inghead Gas 💢 or Dry Gas 🦳		approved copy of this form is to be sent)	Ì	
Warren Petroleum		P. O. Box 1589	Tulsa, Oklahoma 74102		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	3/1/83		
give location of tanks.	H 7 14S 33E	yes			
If this production is commingled wit	h that from any other lease or pool, g	give commingling order numb	er:		
. COMPLETION DATA		New Well Workover Dee	5 4 5 4	Res'v.	
Designate Type of Completio	n = (X)	X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/1/83	10100'	10069'		
12/2/82 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
4260' GL	Penn	9875'	9848 † Depth Casing Shoe		
Perforations			Sopin Guardia		
9875-9920'	TURING CASING AND	CEMENTING RECORD			
HOLE SIZE	. CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13-3/8"	3981	425		
11"	8-5/8"	4120'	200		
7-7/8"	5-1/2"	10100'	450		
4 4 4011	2-3/8"	9848.			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of pth or be for full 24 hours)	load oil and must be equal to or exceed to	p allow	
OIL WELL	Date of Test	Producing Method (Flow, pum			
Date First New Oil Run To Tanks		Pumping			
3/1/83 Length of Test	3/18/83 Tubing Pressure	Casing Pressure	Choke Size		
		20 psi	Gas - MCF		
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.			
	95	45	83		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. 1 est • MCF/D					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
I. CERTIFICATE OF COMPLIAN	CE	OIL CON	SERVATION COMMISSION		
I. CERTIFICATE OF COMPENS	,,,		MAR 24 1983 . 19		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	MAIN		
	with and that the information given he best of my knowledge and belief.		AL SIGNED BY JERRY SEXTON		
ROOME IS TAKE WHE COMPLETE TO IT	· · · · · · · · · · · · · · · ·	11	DISTRICT I SUPERVISOR		
	~				
	. 1 6 ~	il .	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepene		
Car Juno				eviatio	
	nature)	Il same taken on the Well	in accordance with RULE 111.  form must be filled out completely for		
	ent Title)	able on new and recom	pleted wells.		

3/21/83 (Date)

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.

HOBBS OFFICE