Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MWJ PRODUCING COM	1PANY					Well	API No.				
Address 400 W. Illinois -	- Suite	1100	Midlan	d, Tex	as 7970)1					
Reason(s) for Filing (Check proper box)											
lew Well		hange in Tr	ansporter of:		ner (Please expl	ain)					
Recompletion	Oil	_	ry Gas								
Change in Operator	Casinghead		ondensate								
change of operator give name ad address of previous operator								**************************************			
L DESCRIPTION OF WELL	L AND LEAS	SE		-							
Lease Name	wentio. Foot wante, it					Kind	Kind of Lease Lease No.				
Baum "6" Com	Dadin				pper Penn			State Federal or Fee NM 073616			
Unit Letter H	. 198	0	eet From The	North	e and66	0 Fe	et From The	Eas	st Line		
Section 6 Towns	hip 14S	R	ange 33	E , N	МРМ,	Lea			County		
II. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS							
iame of Authorized Transporter of Oil		r Condensat		Address (Gi	ve address to w	hich approved	copy of thin	Orth is to be a	野 7920		
JM Petroleum	ليتيا		ليا	2500 A	llianz	Centro	2323	TIGS	rx /920 , LB !8		
iams of Authorized Transporter of Cas	inghead Gas	X or	Dry Gas	Address (Gir	re address to wi	hich approved	copy of this	orm is to be	<u>, 15 18</u>		
Warren Petroleum					Box 15						
f well produces oil or liquids,		oc. T	vp. Rge.		y connected?	When	?		a 74102		
ve location of tanks.	H i	6 1	.4s 33E	yes	,	1	12/8/	83			
this production is commingled with the V. COMPLETION DATA	at from any other	lease or poo	d, give commingl	ing order num	ber:						
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
ate Spudded	Date Compi.	Ready to Pr	od.	Total Depth	1	<u> </u>	P.B.T.D.	<u> </u>			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
erforations											
							Depth Casin	ig Shoe			
	rpw 1	DDIC C	A CD IC	(T) (T)			l				
HOLE CIZE			ASING AND	CEMENTI		<u>D</u>					
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
											
											
3											
. TEST DATA AND REQUE	ST FOR AL	LOWAR	T C		 						
				L	4. "						
IL WELL (Test must be after ate First New Oil Run To Tank	Date of Test	volume of it	oda ou ana musi		exceed top allow thod (Flow, pu			or full 24 how	rs.)		
ength of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
NAC WIPE I											
GAS WELL											
ctual Prod. Test - MCF/D	Length of Tes	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFIC	TATE OF C	'ONADI I	ANCE	<u> </u>			L				
I hereby certify that the rules and regu					DIL CON	ISERV	I NOITA	DIVISIO	N		
Division have been complied with and	I that the informa	tion given a	bove		••••	, , , , ,			• •		
is true and complete to the best of my	knowledge and l	belief.		Data	A	. . .	EB 0 1	1000			
46 A (1) . 10				Date Approved FEB 0 1 1990 ORIGINAL SIGNED BY JERRY SEXTON							
Wr Wrehlm				_							
Signature		•		By_	יונו	STRICT I S	UPERVISO	K			
Pat Drexler		Agen									
Printed Name 1/29/90	(915) 6	Tit 82 - 52		Title							
Date	12131 0	Telepho									
		· webso	•	1							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 114."
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.