NO. OF COPIES RECEIVED				
SANTA FE		ISERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
FILE			Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
LAND OFFICE				
TRANSPORTER GAS GAS				
OPERATOR		·		
PRORATION OFFICE				
MWJ PRODUCING CO	MPANY			
Address 100/ Dimet Natio	and Pople Bldg Midland	, Te xas 79701		
1804 First Nation Reason(s) for filing (Check proper box)	onal Bank Bidg Midland	Other (Please explain)		
New Well	Change in Transporter of:	CASING CAS	NOT BE	
Recompletion	Oil Dry Gas	$- \square INLESS AN EXCEP$	EVON TO P. 000	
Change in Ownership	Casinghead Gas Condense	IS OBTAINED.	11011 10 11-1010	
If change of ownership give name N and address of previous owner	/A			
DESCRIPTION OF WELL AND L	FASE			
. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For		V-128 ^{No.}	
Baum 17 "B" State Co	m 2 Baum Upper Pen	n State, Federal or	Fee State V=120	
Location		(10)	1 17 1	
Unit Letter I ; 1980	Feet From TheSouth_Line	and Feet From The	Kast	
Line of Section 17 Town	ship 145 Range 33	E , NMPM, Lea	a County	
Line of Section 1/ Town	muh 145 (muh 23			
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approved	copy of this form is to be sent)	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	n, Texas 77001	
The Permian Corporat Name of Authorized Transporter of Casi		P. O. Box 1183 Housto Address (Give address to which approved	copy of this form is to be sent)	
Warren Petroleum		•	Oklahoma 74102	
	Unit Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	I 17 14S 33E	yes	9/15/84	
If this production is commingled with	that from any other lease or pool, g	rive commingling order number:		
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion		X	i	
Date Spudded	Date Compl. Ready to Prod.	Total Depti	P.B.T.D. 10044'	
6/26/84	9/15/84	10,100' Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) 3223.5' GL	Name of Producing Formation Bough "C"	9961'	10016'	
			Depth Casing Shoe	
Perforations 99/01-9			10,108'	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		425 sx	
17 ¹ / ₅ **		<u>398'</u> 4146'	1500 sx	
11"	<u>8-5/8"</u> 5-1/2"	10100'	300_sx	
<u>7-7/8"</u> 5-1/2"	2-3/8"	10016'		
V. TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allou	
OIL WELL Date First New Oil Run To Tanks	able for this de	Producing Method (Flow, pump, gas lift	, etc.)	
9/15/84 Length of Test	10/8/84 Tubing Pressure	Pumping Casing Pressure	Choke Size	
24 bre	N/A	N/A Water - Bbls.	N/A Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	80	60	
l	25			
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
	CF	OIL CONSERVA	TION COMMISSION	
VI. CERTIFICATE OF COMPLIAN		OCT 15		
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.			APPROVED OCT 1 5 1934	
		BY ORIGINAL SALE		
TDAA 12 LUA BUT CONNTACE 10 HU			n en frankrigen.	
			compliance with RULE 1104.	
(in has here	1000	li anno 1 anno 1 anno 11an	white for a newly drilled or deepend	
(Signature)		well, this form must be accompa tests taken on the well in accor		
, ,	(Signature) Pat Drexler - Agent		st be filled out completely for allow	
(7	itle)	able on new and recompleted w	The and WI for changes of owned	
10/10/84		Fill out only Sections I, I	I. III, and VI for changes of owned ter, or other such change of condition	

••	0.1	_
	(Date)	

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.

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