NO. OF COPIES RECI	IVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

10/22/85

(Date)

SANTA FE		FOR ALLOWABLE	<u>-</u>	d C-104 and C-110
FILE		AND	Effective 1-1-6	15
U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	. GAS	
LAND OFFICE	4			
TRANSPORTER OIL	4			
GAS	_			
OPERATOR PROPATION OFFICE	-			
Operator				
MWJ PRODUCING COMPAN	17			
Address				
1804 First National				
Reason(s) for filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of:	_		
Recompletion Change in Ownership	Oil Dry Gai			
Change in Ownership				
If change of ownership give name and address of previous owner	THIS WELL HAS BEEN PL DESIGNATED BELOW. IF Y			
	NOTIFY THIS OFFICE.			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Le	ase	Lease No.
Saunders 10 State	3 Saunders Permo		ergl or Fee State	LG 2612
Location		э оррег гени	Deace	<u> 1 16 2012</u>
D 660	Feet From The North Lin	e and 660 Feet Fra	om The West	
Unit Letter ;	Lin	1 901 110	·····	
Line of Section 10 T	ownship 14S Range 3	33E , NMPM, Le	a	County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S Address (Give address to which ap	proved copy of this form is	to be centi
Name of Authorized Transporter of C The Permian Corporat				to de sem,
Name of Authorized Transporter of C		P. O. Box 1183 Hous Address (Give address to which ap	roved copy of this form is	to be sent)
Warren Petroleum	o. 21, 610 <u></u>		sa, Oklahoma 741	_
	Unit Sec. Twp. Rge.	Is gas actually connected?	When	02
If well produces oil or liquids, give location of tanks.	D 10 14S 33E	yes	10/16/85	
Designate Type of Complet	ion - (X) Cil Well Gas Well	New Well Workover Deepen	P.B.T.D.	s'v. Diff. Res'v.
9/4/85	10/15/85	10150'	10117'	
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth	
4221.7' GL	Penn	9916'	98621	
Perforations			Depth Casing Shoe	
9916-32', 9942-46'				
		DEPTH SET	SACKS CE	MENT
HOLE SIZE 17-1/2"	CASING & TUBING SIZE	410'	450 sx	MENT
11"	8-5/8"	4142'	1500 sx	
7-7/8"	5-1/2"	10150'	360 sx	
5-1/2"	2-3/8"	9862'		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or	exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
10/16/85	10/17/85	Flowing Casing Pressure	Choke Size	· · · · · · · · · · · · · · · · · · ·
Length of Test	Tubing Pressure			
24 hrs Actual Prod. During Test	75 Oil-Bbls.	pkr Water-Bbis.	22/64 ¹¹ Gas-MCF	
Actual Float Burning 1441	45	35	70	
I	1 43	1 33	1	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat	•
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	,
amend thermal flashed ages his				
CERTIFICATE OF COMPLIA	NCE		VATION COMMISSION	N
		DCT 2	8 1985	, 19
I hereby certify that the rules an	d regulations of the Oil Conservation	''' ' '''	<u> </u>	, 19
Commission have been complied	i with and that the information given the best of my knowledge and belief.	BYORIGINAL SIGH	MOLKES ABBUTT AB GE	
		TITLEDISTRICT	I SUPERVISOR	
		TITLE		
Sala I	1	This form is to be filed		
w half	Un	If this is a request for a well, this form must be according	mpanied by a tabulation	of the deviation
Pat Drex <u>ler</u>	_ Acent	tests taken on the well in a	ccordance with RULE 1	11.
rat brexter	- Agent Title)	All sections of this form able on new and recompleted	n must be filled out comp i wells.	tetely for allow
·	- ·	=nre nii iram mire : 200mbratar		_

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.

RECEIVED
OCT 25 1985