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TRANSPORTER	OIL	
	GAS	
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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)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Baum 17 State	Well No. 2	Pool Name, Including Formation Baum Upper Penn	Kind of Lease State, Federal or Fee	Lease No. V-124
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 17 Township 14S Range 33E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The 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 Company	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 Sec. Twp. Rge. H 17 14S 33E
Is gas actually connected?	When 10/13/85

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/11/85	Date Compl. Ready to Prod. 10/9/85		Total Depth 10150'		P.B.T.D. 10075'			
Elevations (DF, RKB, RT, GR, etc.) 4235' GL	Name of Producing Formation Penn		Top Oil/Gas Pay 9982'		Tubing Depth 9941'			
Perforations 9982-10024'						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	415'	450
11"	8-5/8"	4115'	1500
7-7/8"	5-1/2"	10150'	300
5-1/2"	2-3/8"	9941'	

V. 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 10/13/85	Date of Test 10/15/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 130	Gas - MCF 35

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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)

Pat Drexler - Agent

(Title)

10/23/85

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 28 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
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 multiple completed wells.

1981 1 2 1031 nrmr

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