District I PO Box 1990, Hobbs, NM \$5341-1990	,	State Iorry, Mitoraid	of New	Mexico	i de la como	1 (1) of	Revi	Form C-104 sed October 18, 1994
District II 811 South First, Artania, NM 88230	Ō	IL CONSE	RVATI	ON DIVIS	ION	Subm		Instructions on back priate District Office
District III 1000 Rio Brazos Rd., Astoc, NM \$7410 District IV	•	2040	South P Fc, NM	acheco				5 Copies MENDED REPORT
2040 South Pacheco, Santa FL, NM \$750		ומגשר ו		ATTUNE	17 8 7	ION TO TR		
I. REQUES		be and Address		AUTHOR			OCRED N	and the second
Caprock Expl	loratior	, Inc.				00367		
P.O. Box 728 Odessa, Tex.					P		Ramon for F	-
'API Number	. 19100			d Name	<u> </u>	CH 08	/01/20) () * Fuol Code
30-0 25-29312	Saunde	ers Perm			•		55	120
Property Code			¹ Prope	rty Name				* Weil Number
11. ¹⁰ Surface Location	. Saunde	ers 28 "	'B" Sta	ate				#1
Ul or iot no. Section Township	Range	Lot Ida	Feet from the	North/Se	uth Line	Feet from the	East/Watt I	ne County
L 28 145	33E		1980	Sout	h	660	West [.]	Lea
¹¹ Bottom Hole Lo	and the second se	F	P-46			True for a b	De la Orland	
UL or lot no. Section Township	Range	Lot Idn	Fest from th	ne rioria/s	euth line	Fest from the	East/West b	ne County
¹¹ Lee Code ¹¹ Producing Method C	Code 4 Gas C	Connection Date	¹¹ C-129	Permit Number		C-129 Effective l	ate 1	C-129 Expiration Date
III. Oil and Gas Transpo								······································
U Transporter OGRID	" Transporter N and Address			* POD	* 0/G		POD ULST	
015694 Navajo	Refiner ox 159	сy	1961	1310	0			
Artesia		38210						
	Petrole ox 1589	•	1961	1330	G			
Tulsa.	OX 1589 OK 7	74102		angen inder i di ar				
	s Gilisp	pie	1961	1350	W			
P.O. Bo Midland		79702						
IV. Produced Water	<u> </u>		* P(OD ULSTR Loca	tion and I	Description	<u></u>	
Lauran and the second								
V. Well Completion Dat			<i>R</i> 101	24 3292		# Dauforn		B DHC INC MC
the second se	A Randy Date		"TD '	» PE	TD	* Perform	tions	► DHC, DC.MC
	" Randy Data	wing & Tublog			TD ' Depth 5			* DHC, DC,MC Backs Cament
²¹ Spud Date	" Randy Data							
²¹ Spud Date	" Randy Data							
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" Spud Date	" Randy Data							
²¹ Spud Date ²¹ Hole Size VI. Well Test Data	" Randy Data		Size		' Depth 8			
¹¹ Spud Date ¹¹ Hole Size VI. Well Test Data	* Randy Data	ming & Tubling	Size		³ Depth 5			Backs Cathers
Spud Date I' Hole Size VI. Well Test Data Date New Oil '' Gas '' Choke Size '' I hereby certify that the rules of the Oi	Pandy Data	P Test	Site Site Dete ater complied	" Tori L " Ga	⁹ Depth 5	at a construction of the second secon	restore	Backs Cathers • Csg. Pressure • Test Method
Spud Date I Spud Date I Hole Size VI. Well Test Data Date New Oil Gas " Choke Size " I hereby certify that the rules of the Oi with and that the information given above knowledge and Officf.	Pandy Data	P Test	Site Site Dete star complied f my	* Test L * Ge	⁹ Depth 5	* Toj. P * Toj. P * AC	ION DF	Backs Cathers • Csg. Pressure • Test Method
²¹ Spud Date ²¹ Hole Size ²¹ Hole Size ²¹ Hole Size ²² ²³ VI. Well Test Data ²⁴ Date New Oil ²⁴ Cas ²⁵ Date New Oil ²⁶ Cas ²⁷ I hereby certify that the rules of the Oi with and that the information given above inowicige and Ottief. Signature: ²⁶ Size ²⁷ Chocke Size ²⁷ I hereby certify that the rules of the Oi with and that the information given above inowicige and Ottief. ²⁷ Signature: ²⁸ Chocke Size ²⁹ Chocke Size ²⁰ Chocke	Pandy Data	P Test	Site Site Dete alar complied f my	" Tesi L " Ge O Approved by:	⁹ Depth 5	* Toj. P * Toj. P * AC	ION DF	Backs Cathers • Cog. Pressure * Test Method
²¹ Spud Date ²¹ Hole Size ²¹ Hole Size VI. Well Test Data ²² Date New Oll ²⁴ Gas ²³ Choke Size ²⁴ I hereby certify that the pulse of the Oi with and that the information given above knowledge and feltief. Signature: ²⁴ Signature ²⁵ Joe Cook, Capt	Pandy Data	P Test P Test U W. vision have been plete to the best o	Site Site Dete ater f my A	* Test L * Ge O Approved by: Thie:	⁹ Depth 5	* Toj. P * Toj. P * AC	ION DF	Backs Cathers • Cog. Pressure • Test Method /ISION
²¹ Spud Date ²¹ Hole Size ²¹ Hole Size VI. Well Test Data ² Date New Oll ²⁵ Gas ³¹ Choke Size ⁴¹ Choke Size ⁴¹ Choke Size ⁴² Choke Size ⁴¹ I hereby certify that the rules of the Oi with and that the information given above knowledge and Selief. Signature: ⁴¹ Disc Cook, Capt Thile: President.	* Ready Data * C * C Delivery Dete * Oll i Conservation Di- t true and comp R C C C K C C C C C C C C C C C C C	"Tast "Tast "Tast "W ivision have been plete to the best o	Site Site Dete ater complied f my A	Test L " Ge O Approved by: File:	⁹ Depth 5	* Toj. P * Toj. P * AC	ION DF	Backs Cathers • Csg. Pressure • Test Method
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	L ¹¹ Lac Code		ing Metho	d Cod		Connection I		_) Permi	it Number		* C-129 Effective	_		Expiration Date
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	III. Oil a	nd Gas	Trans		Tanaporter	Name			¹⁸ PO	D	ⁿ O/G	1	" POD UL	STR Local	ien
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	VI. Well	Test I	Data												
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		U													mP

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New Mexico Oil Conservation Divisi/ C-104 Instructions

IF THIS	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT" AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD if it is different from t well completion location and a short description of the P(
	III gas volumes at 15.025 PSIA at 60°. N oil volumes to the nearest whole barrel.	23.	(Example: "Battery A", "Jones CPD",etc.) The POD number of the storage from which water is mov
accomp	st for allowable for a newly drilled or despend well must be aned by a tabulation of the deviation tasts conducted in noe with Rule 111.		from this property. If this is a new well or recompletion a this POD has no number the district office will assign number and write it here.
	ons of this form must be filled out for allowable requests on a recompleted wells.	24.	The ULSTR location of this POD if it is different from : well completion location and a short description of the Pi (Example: "Battery A Water Tank", "Jones CPD Wa Tank", etc.)
changes	only sections I. II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or	25.	MO/DA/YR drilling commenced
	ich changes.	26.	MO/DA/YR this completion was ready to produce
A seba complet	rate C-104 must be filed for each pool in a multiple ion.	27.	Total vertical depth of the well
Imprope	rly filled out or incomplete forms may be returned to	28.	Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or cas shoe and TD if opennole
2.	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of the well bore
2	be assigned and filled in by the District office.	31.	Outside diameter of the casing and tubing
3.	Reason for filing code from the following table: NW New Well RC Recompletion	32.	Depth of casing and tubing. If a casing liner show top a bottom.
	CH Change of Operator AD Add oil/condensate transporter	33.	
	CO Change oi/condensate transporter AG Add gas transporter	<u> </u>	Number of sacks of cament used per casing string llowing test data is for an oil well it must be from a t
	CG Change gas transporter RT Request for test allowable (include volume		and only after the total volume of load oil is recovered.
	requested) If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed
6.	The pool code for this pool	37.	Length in hours of the test
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
9.	The well number for this completion	40.	Diameter of the choke used in the test
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Barrels of oil produced during the test
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	42.	
11.	The bottom hole location of this completion	43.	Barrels of water produced during the test
12.	Lease code from the following table:	43. 44.	MCF of gas produced during the test
	F Federal S State		Gas well calculated absolute open flow in MCF/D
	P Fee J Jicarilla	45.	The method used to test the well: F Flowing
	N Navajo U Ute Mountain Ute		P Pumping S Swabbing
	I Other Indian Tribe		If other method please write it in.
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	The signature, printed name, and title of the par- authorized to make this report, the date this report signed, and the telephone number to call for quesu about this report
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed na and title of the previous operator's representa
15.	The permit number from the District approved C-129 for this completion		authorized to verify that the previous operator no lor operates this completion, and the date this report signed by that person
16.	MO/DA/YR of the C-129 approval for this completion		
17.	MO/DA/YR of the expiration of C-129 approval for this completion		
18	The gas or oil transporter's OCPID number		

- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 21.

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District J PO Bax 1980, District II \$11 South Fir Datrict III 1000 Rio Braz	it, Artatia,	NM 88210		Energy, Miller OIL CON 204		i Roour TION 1 Pach	DIVIS	ION	Subr		li	Form C-104 October 18, 1994 Instructions on back inte District Office 5 Copies
District IV 2040 South Pa I	checo, San	a Fe, NM 879 REALTES	ST FOR			· .		3172 A 175				ENDED REPORT
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2166	9		(Sa	unders		-			· · · · ·			ell Number
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11 Las Code	15 Produc	ing Method C	ode ¹⁴ Gas	Connection Dat	e U C-1	29 Permi	t Number	1	C-129 Effective			
S	. Р										·· C•1	29 Expiration Date
		Transpor				•				<u>I</u>		
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				mang a ruvarg			- 1	upth Set			³⁴ Secks	Camarit
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						<u> </u>						
VI. Well	rest Da	ta	<u>L</u>			1						•
Date Ne			livery Date	P Test	Dete		Test Long	<u>њ</u>	" The. Pre		.	Ceg. Pressure
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" Choke	Stze	4	ÓU.	• We	ater		4 Ges		4 AQI	, ,		" Test Method
17 hanshu annif.	/ *h.n		·									
" I hereby certify with and that the	information	es of the Oil C given above is	Conservation Di 1 true and comp	vision have been lete to the best of	compiled fmy		OII	CON	SERVATI		ален	ONT
knowledge and b Signature:		<i>'</i> >										
Printed name:	Cool	<u> </u>	aprock	Explora	LION		ey: Ursisi	DIST	IGNED BY CH	r∺is WI RVISOR	LIAM	5
the Co	ok	Сај	prock F	xplorat	ion	ſĦe:		مراني. مىرانى				
سيمغ سالنساني بالتكار سنسالين	siden	t				Approval	Date: 13		No.41			
Date:			Phone: 91	5-337-1	975	-						
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		perator Signa	0. 01	.1433		Printed	Name			THE		Date
U.	m	2× n	L		Nol		4 Mor	tin	V. (President		10/6/87

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Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec. NM 87410 State of New Mexico _nergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO							
L	TO TRAN	SPORT OIL	<u>_ AND NA</u>	TURAL G	AS			
Operator MWJ PRODUCING CON	IPANY				Well	API No.		
Address								· · · · · · · · · · · · · · · · · · ·
400 W. ILLINOIS -	SUITE 1100	MIDLAN		AS 7970				
Reason(s) for Filing (Check proper box)			Out	er (Please expla	zin)			
New Well		mansporter of:						
		Эту Сав						
Change in Operator	Casinghead Gas (Condensate						
If change of operator give name and address of previous operator								
L DESCRIPTION OF WELL								
Lesse Name SAUNDERS 28 "B" S	State 1	ool Name, Includ SAUNDERS	PERMO	UPPER	Kind PENNSuale,	of Lease Federal or Fe	e Stat	ease №. ≥ V-25
Location					l			
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	- · I	Feet From The	Lib	e and	Fe	et From The		Line
	14S ,	Range 3	3E 🚬	MPM. Lea	a			
FT Energy Operating LP Township				MPM,				County
IIIE TOESTERATION OF TRAN	SPORTER OF OU	AND NATE	DAL CAS					
Name of Authorized Transporter of Oil	A or Condensa		Address (Giv	e address to wh	ich approved	conv of this	form is to he s	ent)
ENRON OIL TRADING	& TRANSPORT			30X 118				
Name of Authorized Transporter of Casing	thead Gas . A	r Dry Gas	Address (Giv	e address to wh	ick approved	CON . T	EXAS /	(251 - 1)
WARREN PETROLEUM	EOH Ehlergy (ien.	P. O.	BOX 1			OKLAHON	
If well produces oil or liquids,	Uniter see 1-17		Is gas actuall		When			
ive location of tanks.		14SI 33E	ves	-	••••••	•	77/05	
f this production is commingled with that i			_			11/	27/85	
V. COMPLETION DATA		or, give community	nig order num					
Designate Type of Completion	· (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	I		P.B.T.D.	I	_1
	L							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas	Pay		Tubing Dep	ւր	
Perforations	L		L			Depth Casir	ng Shoe	
	TUBING C	ASING AND	CEMENTI	NG RECOR	n	<u> </u>		
HOLE SIZE	CASING & TUB			DEPTH SET	<u></u>	T	SACKS CEM	
	0/0/100			ULF IN BEI		+ ···· · · · · · · · · · · · · · · · ·	SAUKS VEM	

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date

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 Tank
Date of Test
Producing Method (Flow, pump, gas lift, etc.)

	Date of Tex			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	<u>,</u>
GAS WELL	· · · · · · · · · · · · · · · · · · ·	·····		

Actual Prod. Test - MCF/D	Length of Test.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I hereby certify that the rules and	FICATE OF COMPLIANCE regulations of the Oil Conservation and that the information given above my knowledge and belief.	OIL CONSE	ERVATION DIVISION DEC 2 6 1989
Signature Pat Drexler	Agent		GNED BY JERRY SEXTON
Printed Name 12/8/89	(915) 682-5216	Tiste	· · · · · · ·

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 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

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.

DETERTION Determined and the set of the se	Submit 5 Copies		ew Mexico ural Resources Department	Form C-104 Revised 1-1-89
DIDUCTION OF VISION PO. Box 2083 Satta PR. New Mexico 87504-2088 DIDUCTION OF VISION DIDUCTION CONFERENCE STORESTICS NUMBER RALAMARE TO THANSPORT OIL AND NATURAL GAS OPEN CONFERENCE CONFERENCE OPEN CONFERENCE CONFERENCE OPEN CONFERENCE CONFERENCE OPEN CONFERENCE CONFERE	Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240			
Description Santa Fe, New Mexico 87504-2088 IOD Learner LID, Ander, NM #7410 REQUEST FOR ALLOWABLE AND ANTURAL GAS Image: Temporal Company Well API No. Image: Temporal Company Well API No. Image: Temporal Company Well API No. Address No. 11LLINOTS - SUITE 1100 MIDLAND, TEXAS 79701 Reacced for Filling Check prepare No. Charge at Transporter 66 Other Filling Check prepare No. Compare in Operation Compared Compa	DISTRICT II	• — • • • • •		
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	<u>Pat Drexler</u>	Agent	DISTRICT	
Printed Name Title Title 12/8/89 (915) 682-5216 Title	Printed Name 12/8/89	(915) 682-5216	Title	
Date Telephone No.	Date	Telephone No.		

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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 Kequest for allowable for newly differed of deepende well inter or new and recompleted wells.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
PRORATION OFFICE			
MWJ PRODUCING CC	OMPANY		
Address 1804 First Natio	onal Bank Bldg Midland, T		
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	
New Well A Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condense		
If change of ownership give name			
and address of previous owner			
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	Circle Endoral	or Fee State V-251
Saunders 28 "B" Sta	te 1 Saunders Permo	Upper Penn State, Pousier	State V-251
Unit Letter L ; 1980	Feet From The South Line	and Feet From Th	west
	www.ship 145 Range	33Е _{, NMPM} , Lea	County
Name of Authorized Transporter of O	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
The Permian Corporatio	n Permian (Eff. 1: / 1 /87)	P. O. Box 1183 Houston Address (Give address to which approve	, Texas 77001
Name of Authorized Transporter of Co Warren Petroleum	asinghead Gas 🔀 or Dry Gas 🔄		Oklahoma 74102
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	11/27/85
give location of tanks.	L 28 14S 33E	yes	
If this production is commingled w V. COMPLETION DATA	with that from any other lease or pool, g	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet		New Well Workover Deepen	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (<i>DP</i> , <i>KKB</i> , <i>KT</i> , <i>GK</i> , <i>etc.</i>)			Depth Casing Shoe
Perforations		· · · · · · · · · · · · · · · · · · ·	
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HOLE SIZE	CASING & TUBING SIZE	DEFINISCI	
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	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gdb - MOT
l			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV DEC 5	- 1985
I hereby certify that the rules a Commission have been compli- above is true and complete to	nd regulations of the Oil Conservation ad with and that the information given the best of my knowledge and belief.	BY	
(n) (f)			compliance with RULE 1104.
Jarth	Signature)	If this is a request for allo well, this form must be accomp tests taken on the well in acc	owable for a newly drilled or deepene panied by a tabulation of the deviatio ordance with RULE 111.
•	ler - Agent	tests taken on the well in acc	nust be filled out completely for allow
	(Title)	able on new and recompleted	wells.
3010105		Fill out only Sections L.	All and the second s
12/2/85	(Date)	I wall came or number, or transp	ii, iii, and such change of conditio orter, or other such change of conditio ust be filed for each pool in multip

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LAND OFFICE		<u></u> +{							V-	251
OPERATOR		<u>+</u>							inni -	
		L								
14. TYPE OF WELL									7. Unit Au	Treement Came
b. TYPE OF COMPLE	TION	ØIL WELL	GAS WELL] OTHER_				r Lease Name
			PLUG		FF. [1				
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MWJ PRODUCINO	G COMPA	NY							1	
1804 First Na	tional	Rank	Bldg Mi	dland	Tova	- 79701				And Pool, or Wildcar Active Clerk Permo Upper Penn
4. Location of Well		Dank	biug mi	<u> </u>	ТСлас				- 171777	
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	0	0	160	29 -7			IIIXIII		12, County	
THE WEST LINE OF	SEC. Z	о _{тw}	P. 145 RG	<u>ε.</u> 33Ε	NMPN	<u>~ \/////</u>	1111111	7777777	Lea). Elev. Cashinghead
					eady to	rrod.) [18. f	levations (DF 4216		GK, etc. 19), Elev. Cashinghead
7/16/85	8/8/	00 	10/							
20. Total Depth 10200'			Back T.D. 143'	22.	Many	le Compl., Ho NO	w 23. Inter Drill	ed By : 0-	ary Tools	, Cable Tools
24. Producing Interval(s						NO		→ ; ⁰⁻	10200	+
9954-9970' Bo			.n = 10p, 5000	:, 1.ume						25, Was Directional Survey Made
	·									No ·
26. Type Electric and C Dual Spaced C			Neutron					_	27.	Was Well Cored NO
28.		_	CAS	ING RECO	RD (Rep	por all strings	set in well)			
CASING SIZE	WEIGH	IT L.B./ F	T. DEPTH	ISET		LESIZE	CEM	ENTING RE	CORD	AMOUNT PULLED
13-3/8"	54		430'		17-1	1/2"	450 sx	: "C"		none
8-5/8"		& 32i			11"				& 200 sx	"C" none
5-1/2"	15.	5# & .	17# 10200'		7-7/	/8'	300 sx	: "'H''		none
29.		LIN	ER RECORD				30.		TUBING REC	CORD
SIZE	TOP		воттом	SACKS C	EMENT	SCREEN	SIZE	. D	EPTH SET	PACKER SET
N/A							2-3/8		921'	N/A
						L				
31. Perforation Record (umber)			32.	ACID, SHOT,	FRACTURE	, CEMENT SC	QUEEZE, ETC.
10110-10123'							INTERVAL			IND MATERIAL USED
9954-9970' 2	SPF 4"					9954-9	970'	3000	gals 20%	HCL ac & 25 BS
			·							
33.						UC TION				
Date First Production 10/10/85			ion Method (Flow Pumping $1\frac{1}{2}$			oing = Size and	type pump)		Well State Pumpin	us (Prod. or Shut-in) ng
Date of Test	Hows Te	sted	Choke Size	Frod'n.	For	Cil - Bbl.	Gas - Ma	CF Wa	ter – Bbl.	Gus-Qi! Hatio
10/17/85	24			Test Pe	riod	24	45	1	135	1875:1
Flow Tubing Fress.	Casing P	ressure	Calculated 24 Hour Hate			Gas - M		Vater — Bbl.	01	I Gravity - API (Corr.)
		<u> </u>	<u> </u>	24		4	·	135		43,
34. Disposition of Gus (. Vented	soid, used	jor fuel,	vented, etc.)					Te	st Witnessed : Doug (^{By} Crenshaw
35, List of Attachments										
Inclination R	eport									×
36. I hereby certify that	the inform	ution sho	un on both side.	s of this fo	rm is tru	ie and complet	e to the best o	fmy knowle	dge and belie	<i>f.</i>
	Y -		<i>(</i>)			_				
SIGNED	A	hh	efler_	_ TIT	Ра 	t Drexle	c – Agent		DATE	10/21/85

INSTRUCTIONS

.

This form is to be filled with the appropria. District Office of the Commission not later than z hays after the completion of any newly-diffied or deepened well. It shall be accompanied by one copy of all electrical and refloractivity logs run on the well and a summary of all special tests conducted, including diffication tests. All depths reported shall be measured depths. In the same of directionally diffied wells, true vertical depths shall be reported. For multiple completions, items 36 through 34 shall be reported for each zone. The form is to be filled in quintuplicate exception state land, where six copies are required. See Rule 1165.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

		Sou	theastern	New Mexic	0					North	westem N	iew Mexico	
T. Anh	У	- <u>-</u>	T.	Canyon			_т о	jo A	lamo		T	. Penn. ''B''	
T. Salt	·		Т.	Strawn			_т. к	irtla	nd-Frui	tland	ï	. Penn. "C"	
B. Salt													
T. Yate		2634'	Т.	Miss			_ T. C	liff I	louse _			. Leadville _	
T. 7 Ri	ivers	25221	T.	Devonian			_ T. M	enefe	e		'n	. Madison	
T. Que	en	3522	T.	Silurian _			т. Р	oint	Lookou	t	τ	. Elbert	
T. Gray	,	3792'											
		4096'											te
T. Glor		5650'	Т.	МсКее			_ Base	Gree	nhorn _		T	. Granite	
T. Pade	dock		T.	Ellenburge	r		- T. D	aķota	·		т		
T. Blin	•	7012'	<u></u> Т.	Gr. Wash	<u> </u>		- T. M	orris	on		Т		
T. Tubl			T.	Granite			<u> </u>	odilt	0		T		
	kard	7672'	T.	Delaware	Sand		- T . E	ntr ad	a <u> </u>	<u>. </u>	T		
		9146'	T.	Bone Sprir	ıgs		- T . Wi	ingat	е		Т		
			T.				- T. Ci	ninle	<u> </u>		T		
T. Pent			T.				- T. Pe	ermia	in	<u> </u>	T		
I CISCO	o (Bougn	C) <u> </u>	o I.								T		
No. 1, fro		10110		1 (01001	OR GAS							
NO. 1, 170			••••••				No. 4,	fron	n	•••••••	••••••	to	••••••••••
No. 2, fro	m	9954		to	9970'	•••••	No. 5,	fron	n			to	······
No. 3, from	m			to	•••••••••••••••••		No. 6,	fron	1			to	
No. 1, from No. 2, from No. 3, from No. 4, from From 0 2920 4592 6370 7145 8050 8445	т. т. 2920' 4592' 6370 7145' 8050' 8445'		anhy & lm & s sd & 2 sh & c dolo & dolo &	ORMATION Forma à salt sh lm lolo a sd	to to to I RE CO RE	D (Attach	additio Fron		sheets i To	feet. feet.	 ry)		n
						-							

DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS		ONSERVATION COMMIS FOR ALLOWABLE AND NSPORT OIL AND NA		Form C-104 Supersedes Old (Effective 1-1-65	C-104 and C-110
OPERATOR PRORATION OFFICE					
Operator MWJ PRODUCING COMPANY	 Ү				
Address 1804 First National H	Bank Bldg Midland, Tex				
Reason(s) for filing (Check proper box)		Other (Please e	xplain)		
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden				
If change of ownership give name					
and address of previous owner		······································			<u></u>
DESCRIPTION OF WELL AND L Lease Name	Vell No. Pool Name, Including Fo	ormation	(ind of Lease		Lease No.
Saunders 28 "B" State	e 1 Saunders Perm	no Upper Penn	State, Federal or Fo	e State	V-251
Location L 1980	Feet From The South Lin	- m + 660	Feet From The	west	
Unit Letter;;		e dha		*C3¢	······································
Line of Section 28 Town	nship 14S Range 33E	, NMPM,	Lea		County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of Oll	I or Condensate	Address (Give address to			be sent)
Permian Corporation	inghead Gas 👔 cr Dry Gas 🔄	P. O. Box 1183 Address (Give address to			be sent)
Warren Petroleum		P. O. Box 1589		1ahoma 74102	,
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. L 28 14S 33E	Is gas actually connected No			
If this production is commingled with . COMPLETION DATA			•	- Dit Come Boot	Diff Beaty
Designate Type of Completio	n - (X)	New Well Workover	Deepen Plu	g Back Same Res	v. Din. Res.v.
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.E	3.T.D.)
7/16/85	10/9/85	10200 ' Top Oil/Gas Pay	T_	<u>10143'</u>	
Elevations (DF, RKB, RT, GR, etc.) 4216'	Name of Producing Formation Bough "C"	9954'		<u>9921'</u>	
Perforations 9954-9970'			Dep	oth Casing Shoe	
9934-9970	TUBING, CASING, AN	D CEMENTING RECORI)		
HOLESIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	
17-1/2"	13-3/8"	430'		450 sx "C	
11"	8-5/8"	4130'		300 Lite & 20	<u>)0_sx_"C"</u>
<u>7-7/8"</u> 5-1/2"	5-1/2"	10200'	3()0 sx "H"	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volur	ne of load oil and m	ust be equal to or e	xceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this d	epth or be for full 24 hours Producing Method (Flow)	
10/16/85	10/17/85	Pumping			
Length of Test	Tubing Pressure	Casing Pressure	Ch	oke Size	
24 hrs Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Ga	8 - MCF	
Actual Prod, During Test	24	135		45	
l					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Gr	avity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	- in) Ch	oke Size	
	<u> </u>				
I. CERTIFICATE OF COMPLIAN			OCT 2 4	1985	19
Commission have been complied t	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	BYORIGINA	L SIGNED BY M	ARY SEXTON-	
			ISTRICT I SUPER		
- A K Wre	Ver	This form is to If this is a req well, this form mus	unet for allowable	liance with RUL! for a newly drill by a tabulation of	ed or deepened
(Sfan Pat Drexler - Agent	nature)	tests taken on the	well in accordant	CO WITH NULE 11	tely for allow
The premier ingenie		م محملةمموه 11 ا ا	This Iorm must o	6 ITTIAG AR! AAHIE.	
	itle)	able on new and re	completed wells.	I, and VI for cha	

