STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MMM PETROLEUM

Address
22 ALCALDE EL DORADO SANTA FE, NM 87505

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
[redacted] FEDERAL 15	1	~~Young~~ SR Atoka Morrow	State, Federal or Fee FEDERAL	NM-58040

Unit Letter N : 560 Feet From The FSL Line and 1980 Feet From The FWL

Line of Section 15 Township 18S Range 32E NMPM, County LEA

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
NAVATO REFINING Co.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159 ARTESIA, NM 88210

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	15	18S	32E	No	

If production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)
OPERATOR
(Title)
3/8/85
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 25 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 multiply completed wells.

COMPLETION DATA

Designate Type of Completion — (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Spudded 7/10/84	Date Compl. Ready to Prod. 7/30/84	Total Depth 4250'±	P.B.T.D. 3425'± CIBP
Elevations (DF, RKB, RT, GR, etc.) 3289GL, 3300 KB	Name of Producing Formation	Top Oil/Gas Pay 3042'±	Tubing Depth 3340'±
Perforations 3042-3046', 3057-3060', 3067', 3268-3274', 3280-3286'			Depth Casing Shoe 4187'±

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1200'±	440SX HOWCO LIGHT "H" FOLLOWED BY 200SX CLASS "C"
7 7/8"	4 1/2"	4187'±	600 SX LIGHT & 300 SX CLASS "C"

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test 8/3/84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 10psi	Casing Pressure 50psi	Choke Size 4 1/2"
Actual Prod. During Test 4	Oil-Bbls. 1 1/2	Water-Bbls. 2 1/2	Gas-MCF TSTM

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

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MAR 12 1985
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