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P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy __inerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL	CONSER	VATION	DIVISION
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P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	7	TO TRAN	VSPC	ORT OIL	AND NAT	URAL GA	S				
perator							Well A			_	
MGF Oil Corporati	.on							30-0	25-2779	6	
ddress	_			15/0							
P. O. Box 21540,	Tulsa,	OK /4	121-	1540		- (Blassa avala					
(eason(s) for Filing (Check proper box)		G	T'	at a sta		r (Please expla	un)				
lew Well	Oil	Change in [I ranspo Dry Ga	r – r							
Recompletion	Casinghea		Conder			Effecti	ve 11/1/	91			
Change in Operator	Casingina		CONICCI							· · · · · · ·	
ad address of previous operator										<u>.</u>	
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name			Pool N	ame, Includi	ng Formation	<u>, , , , , , , , , , , , , , , , , , , </u>		(Lease		ase No.	
J. Speight		. 1	Hou	se Yate	es Seven	Rivers	State, I	Federal on Fee		_	
Location											
Unit Letter P	_ :(660	Feet F	rom The	South Lim	: and	660 Fe	et From The	East	Line	
								т			
Section 31 Townsh	ip 199	<u>S</u>	Range	39)e ,ni	MPM,		Lea		County	
	unonar										
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ASPORT	OTT EN	Hav	COLD.	RAL GAS Address (Giv	e address to w	hich approved	conv of this fo	rm is to be se	(nt)	
Enron Oil Trading & T		Fffectiv	ρĺ.	1.43		88, Hous	••				
Name of Authorized Transporter of Casin	nghead Gas			Gas X		e address to w				ent)	
Sid Richardson Carbon		line Co				ty Bank					
If well produces oil or liquids,	Unit		Twp.	Rge.		y connected?	When			76102	
ive location of tanks.	P		195	-		es	i	n/a	a		
f this production is commingled with that	t from any of	her lease or	pool, gi	ive comming	ling order num	ber:					
V. COMPLETION DATA					_				<u> </u>		
	an	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion						<u> </u>	<u> </u>		l		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
				Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			100 010 020	Top OluGas Pay			Tubing Depth				
Perforations					J			Depth Casin	g Shoe		
									0		
		TUBING.	CAS	ING AND	CEMENTI	ING RECOI	RD				
HOLE SIZE		ASING & TI			DEPTH SET			SACKS CEMENT			
				,							
				<u> </u>							
V. TEST DATA AND REQU											
OIL WELL (Test must be after			of load	l oil and mus					for full 24 ho	<u>urs.)</u>	
Date First New Oil Run To Tank	Date of T	est			Producing N	iethod (Flow, p	pump, gas iyi,	eic.)			
Length of Test	Tubine D				Casing Pres	C11 F2		Choke Size			
Lengul of Test	Tubing Pressure		Casing Pressure								
Actual Prod. During Test	Oil - Bbl				Water - Bbl	<u>.</u>		Gas- MCF	·		
fictual from During For		3.				-					
	1				_l						
GAS WELL Actual Prod. Test - MCF/D	Length o	Test			Bble Conde	ensate/MMCF		Gravity of	Condensate		
	Langui									•	
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
Be were ended		·							2		
VI. OPERATOR CERTIFI	CATEO	E COM		NCF	-1	<u></u> .				<u> </u>	
I hereby certify that the rules and rep						OIL CO	NSERV	ATION	DIVISI	ON	
Division have been complied with a	nd that the inf	formation gi									
is true and complete to the best of my knowledge and belief.					e Approv	hav	VUM	6733	•24		
1 7 T	5 . 1	,	1			c white					
C' Yan Ma	<u>UK</u>	ent	u	X			Oria 6	Signad L-			
Signature		ach C-	0.044	nator	By_		Paul	Signed by Kautz			
Charlotte Van Valken	Jurg, 16	ecn. 00	750	mator			Geo	logia			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

10/28/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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

Title

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.

918-491-4314