

SANTA FE		1	
FILE		1	✓
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRODUCTION OFFICE			

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

RECEIVED

DEC 7 1977

Operator		WESTALL - MASK ✓	
Address		ARTERIA, OFFICE	
P.O. Drawer 1477 Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	To change the Operator from Roswell &
Recompletion	☐	Oil	Westall, Box 330, Roswell NM 88201 to
Change in Ownership	☒	Casinghead Gas	WESTALL - MASK, P.O. Drawer 1477, Roswell
		Dry Gas	NM 88201.
		Condensate	
If change of ownership give name and address of previous owner			

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State E 6017	2	Shugart-Yates	State, Federal or Fee State	E-6017
Location				
Unit Letter D	990	Feet From The N	Line and 330	Feet From The W
Line of Section 2	Township 19 South	Range 31 East	NMPM,	Eddy County

Name of Authorized Transporter of Oil ☒ or Condensate ☐					Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipeline Company					Box 1510, Midland, Texas 79701	
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 D	Sec. 2	Twp. 19S	Rgo. 31E	Is gas actually connected?	When

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

Designate Type of Completion - (X)									
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						
Perforations	Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		DEC 22 1977	
WESTALL - MASK		APPROVED	
Jack Mask		BY W.A. Susselt	
Co-Owner		SUPERVISOR, DISTRICT II	
12/5/77		TITLE	
(Date)		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 re-completed 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.	