

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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NOV 30 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

|                        |  |
|------------------------|--|
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| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.D.                 |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATOR               |  |
| PRODUCTION OFFICE      |  |

Operator  
Westall -Mask

Address

Box 1477 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 12/1/82

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                       |                   |
|-----------------|----------|--------------------------------|-----------------------|-------------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease         | Lease No.         |
| State           | 4        | Shugart                        | State, Federal or Fee | E6017             |
| Location        |          |                                |                       |                   |
| Unit Letter     | A        | Feet From The North Line and   | Feet From The East    |                   |
| Line of Section | 2        | Township 19                    | Range 31              | NMPM, Eddy County |

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |         |         |  |
|--|--|---------|---------|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |         |         |  |
| Navajo Crude Oil Purchasing Co.  | P. O. Box 175 - Artesia, New Mexico 88210                                |         |         |  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |         |         |  |
| Phillips Petroleum   | 8 Adams Bldg., Bartlesville, OK 74004                                    |         |         |  |
| If well produces oil or liquids,<br>give location of tanks.  | Is gas actually connected? When  |         |         |  |
| Unit C   | Sec. 2   | Twp. 19 | Rge. 31 |  |

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

## III. COMPLETION DATA

|                                      |                             |                 |                   |          |        |           |             |              |
|--------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| 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 Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |              |
| Elevations (DF, R&B, 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      |          |        |           |             |              |
|                                      |                             |                 |                   |          |        |           |             |              |
|                                      |                             |                 |                   |          |        |           |             |              |
|                                      |                             |                 |                   |          |        |           |             |              |

## IV. 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)

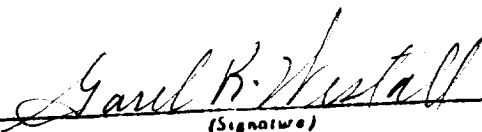
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bble.       | Water-Bble.                                   | Gas-MCF    |

## GAS WELL

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

## V. 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 above is true and complete to the best of my knowledge and belief.

  
(Signature)

Co - Owner

(Title)

11/30/82

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 02 1982

BY Original Signed By  
Leslie A. Clements

TITLE Supervisor District II

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 multi-completed wells.

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-11  
Effective 1-1-65

RECEIVED

DEC 7 1977

|                  |     |   |
|------------------|-----|---|
| SANTA FE         | /   |   |
| FILE             | /   | ✓ |
| U.S.G.S.         |     |   |
| LAND OFFICE      |     |   |
| TRANSPORTER      | OIL | / |
|                  | GAS | ✓ |
| OPERATOR         | /   |   |
| PROBATION OFFICE |     |   |

I. Operator  
WESTALL - MASK ✓

Address  
P.O. Drawer 1477 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

To change name of Operator from Mask, Jennings, Keohane & Westall to WESTALL-MASK, P.O. Drawer 1477, Roswell NM 88201

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                 |          |   |                       |           |
|-----------------|----------|---|-----------------------|-----------|
| Lease Name      | Well No. | Pool Name, including Formation                          | Kind of Lease         | Lease No. |
| State           | 4        | Shugart   | State, Federal or Fee | E-6018    |
| Location        |          |   |                       |           |
| Unit Letter     | A        | 330 Feet From The North Line and 990 Feet From The East |                       |           |
| Line of Section | 2        | Township 19 South Range 31 East, NMPM,                  | Eddy                  | County    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Texas-New Mexico Pipe Line Company   | Box 1510, Midland, Texas 79701   |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | 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 |
|  | A  | 2    | 19S  | 31E  | No                         |      |

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

V. COMPLETION DATA

|                                      |                             |          |                 |          |        |                   |             |              |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| 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 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

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.

WESTALL - MASK

*Jack Mask*

(Signature)

Co-Owner

(Title)

12/5/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *W. A. Gressett*

SUPERVISOR, DISTRICT

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.

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