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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

I. Operator
 Operator: V. H. Westbrook
 Address: P. O. Box 2264 Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box) Other: Please explain
 New Well Change in Transporter:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: Getty Oil Co., P.O. Box 242 Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L.M. Buffington 'C'</u>	Well No., Pool Name, Including Formation <u>1- Justis Blinbry</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>M</u> <u>300</u> Feet From The <u>West</u> Line and <u>430</u> Feet From The <u>South</u> Line of Section <u>18</u> Township <u>25-S</u> Range <u>38-E</u> N.M.P.M. <u>Lea</u> 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"/> <u>Tex.-N.Mex. Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510 Midland, Texas 79701</u>
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 <u>M</u> Sec. <u>18</u> Twp. <u>25-S</u> Range <u>38-E</u> Is gas actually connected? <u>No</u> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>8-22-60</u>	Date Compl. Ready to Prod. <u>10-10-60</u>	Total Depth <u>8292'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3096 KB</u>	Name of Producing Formation <u>Blinbry</u>	Top Oil/Gas Pay <u>5160'</u>	Tubing Depth <u>5170'</u>					
Perforations <u>5237' to 5494'</u>			Depth Casing Shoe <u>6070'</u>					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2" 3/4"</u>	<u>13 3/8" casing</u>	<u>541'</u>	<u>400 sacks</u>
<u>12 1/2" 3/4"</u>	<u>9 5/8" casing</u>	<u>3401'</u>	<u>1400 sacks</u>
<u>8 3/4"</u>	<u>5 1/2" casing</u>	<u>6070'</u>	<u>600 sacks</u>
	<u>2 3/8" tubing</u>	<u>5170'</u>	

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	Oil-Condensate-MMCF	Gravity of Condensate
Testing Method (pitot, 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.

V. H. Westbrook
 (Signature)
 General Manager
 (Title)
 1-16-71
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Joe D. Range
 TITLE General Manager
 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.
 Only Sections I, II, III, and VI for changes of owner, name, number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply