

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

1. Operator
Western Oil Producers, Inc.
Address
P.O. Box 1498 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
10,000 bbl. testing allowable

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|--------------------|
| Lease Name State MTS | Well No. 4 | Pool Name, Including Formation Scharf Bone Springs | Kind of Lease State, Federal or Fee State | Lease No. LG740 |
| Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East Line of Section 4 Township 19S Range 35E, NMPM, Lea 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"/> Navajo Crude Oil Purchasing Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia, New Mexico 88210 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1598 Tulsa, Oklahoma 74102 | | | |
| If well produces oil or liquids, give location of tanks. Unit P Sec. 4 Twp. 19S Rge. 35E | Is gas actually connected? When | | | |

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) X | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. <input type="checkbox"/> | |
| Date Spudded 11-19-83 | Date Compl. Ready to Prod. | Total Depth 10,725 | P.B.T.D. 10,683 |
| Elevations (DF, RKB, RT, GR, etc.) 3888.9 GR | Name of Producing Formation Bone Springs | Top Oil/Gas Pay 9490' | Tubing Depth 9666' |
| Perforations 90 perforations size .43 9490-9510, 9512-9511, 9516-9519, 9548-9612 (1 per foot) | | | Depth Casing Shoe |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 17 1/2 | 13 3/8 | 296 | 350 sx |
| 11 | 8 5/8 | 3550 | 1300 sx |
| 7 7/8 | 5 1/2 | 10725 | 600 sx |
| | 2 7/8 | 9666 | 0 |

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 able for this depth or be for full 24 hours)

| | | | |
|---|--------------------------|---|---------------------|
| Date First New Oil Run To Tanks 12/28/83 | Date of Test 12/28/83 | Producing Method (Flow/pump, gas lift, etc.) Flowing | |
| Length of Test 2 hrs. | Tubing Pressure 190 | Casing Pressure packer set | Choke Size 26/64 |
| Actual Prod. During Test | Oil-Bbls. 37.0 | Water-Bbls. -0- | Gas-MCF 12 est. |

GAS WELL

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

I. 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.

Arnold Newkirk
(Signature)
Agent
(Title)
12/29/83
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 3 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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JAN 3 1984
O.C.D.
MOBBS OFFICE