

**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

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. Operator**  
Western Oil Producers, Inc.

**Address**  
Box 2055 Roswell, New Mexico 88201

**Reason(s) for filing (Check proper box)**

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Permission to sell approximately 2500 bbls. of Testing Oil
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Tanza State	Well No. 1	Pool Name, Including Formation Undersigned	Kind of Lease State, Federal or Fee State	Lease No. B-9131
Location Unit Letter <u>X</u> ; 1650 Feet From The <u>S</u> Line and 660 Feet From The <u>W</u>				
Line of Section <u>32</u> Township <u>20</u> Range <u>36</u> , 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Testing	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
	J 32 20S 36E No Approximately 90 days

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	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							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 (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.

Henry Reynolds  
(Signature)  
Supr.  
(Title)  
6-27-72  
(Date)

**OIL CONSERVATION COMMISSION**  
**JUN 29 1972**, 19\_\_\_\_  
APPROVED \_\_\_\_\_  
BY Joe D. Ramey  
TITLE Dist. I, Supr.

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 multiply completed wells.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B-9131-1

7. Unit Agreement Name  
No. Wilson Deep Unit

8. Farm or Lease Name  
Tanza State

9. Well No.  
1

10. Field and Pool, or Wildcat  
Undesignated

12. County  
Lea

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Western Oil Producers, Inc.

3. Address of Operator  
Box 2055, Roswell, N.M.

4. Location of Well  
UNIT LETTER L 660 FEET FROM THE West LINE AND 1650 FEET FROM  
THE South LINE, SECTION 32 TOWNSHIP 20-S RANGE 36-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
K.B. 3651

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER
- ALTERING CASING
- PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-17-72

T.D. 275' Spudded 9:45 a.m. 3-17-72  
Ran 6 jts. (255.43') 13-3/8" H-40 70#/ft. new csg. Cem. at 272' w/200 sx. Class C cement w/2% CaCl. Circ. 23 sx. P.D. 5:30 p.m. 3-17-72 after WOC 18 hrs. tested csg. w/700 psi for 30 min. test o.k.

4-1-72

T.D. 5250'.  
Ran 137 jts. (5237') 9-5/8" N-80 & J-55 8R-R3 36 & 40# csg. w/Lt&C cemented at 5250' w/200 sx. Class H + 150 sx. Class C w/2% CaCl.  
P.D. 6:45 a.m. 2-1-72. After WOC 26 hrs. tested csg w/2500 psi for 30 min. test o.k.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Superintendent DATE 4-18-72

APPROVED BY John Runyan Geologist TITLE \_\_\_\_\_ DATE APR 20 1972

CONDITIONS OF APPROVAL, IF ANY: