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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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-114
 Effective 1-1-65

**CASEINHEAD GAS MUST NOT BE
 PLACED AFTER 4/14/81
 UNLESS AN EXCEPTION TO R-407
 IS OBTAINED.**

I. Operator
 Western Reserves Oil Company

Address
 P. O. Box 993 Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner _____
**THIS WELL HAS BEEN PLACED IN THE POOL
 DESCRIBED BELOW. IF YOU DO NOT CONSENT
 NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sabine	Well No. 1	Pool Name, including Formation Undesignated Tom-Tom ^{San Andres}	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>N</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>2285</u> Feet From The <u>West</u>				
Line of Section <u>29</u> Township <u>7S</u> Range <u>31E</u> , NMPM, <u>Chaves</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Artesia, N.M. 88210
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
	N 29 7S 31E No ---

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/28/80	Date Compl. Ready to Prod. 2/13/81	Total Depth 4000'	P.B.T.D. 3924'					
Elevations (DF, RKB, RT, GR, etc.) 4292' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3718'	Tubing Depth 3715'					
Perforations 3718-21 (4) 3784-86 (3)	3740-42 (3)	3754-57 (4)	3766-68 (3)	Depth Casing Shoe 3992'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	1345'		625sx				
7 7/8"	7 1/2"	3992'		300sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks 2/14/81	Date of Test 2/18/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 51 bbls	Oil - Bbls. 45	Water - Bbls. 6	Gcs - MCF 31.5

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.

Sury Franklin
 (Signature)
 Agent
 (Title)
 2/20/81
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 24 1981**, 19____

BY *[Signature]*

TITLE **SUPERVISOR DISTRICT I**

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.