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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

Operator _____ Western Oil Producers, Inc. _____

Address _____ P.O. Box 1434 Roswell, N.M. _____

Reason(s) for filing (Check proper box)

New Well [X]   Change in Transporter
Recompletion [ ]   Oil [ ]   Dry Gas [ ]
Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other (Please explain)

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Kind of Lease State, Federal or Fee Federal	Lease No. NM 3447

Location

Unit Letter _____ Feet From The _____ Feet From The ____ East

Line of Section _____ Township _____ Range _____ NMPM _____ County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]   Navajo Crude Oil Purchasing Co.
Address (Give address to which approved copy of this form is to be sent) Box Drawer 175 Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]   El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is connected?	When 2/21/80

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

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. Reamed Completed	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Pay Zone			Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.	Gas - Oil	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bottom Hole Pressure MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Formation Pressure (Shut-in)	Choke Size

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.

_____ Arnold Renfrow _____
(Signature)

_____
(Title)

_____
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

By Orig. Signed by
Jerry Sexton
Dist. I Supv.

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.