

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SEP 2 1980

O. C. D.
ARTESIA OFFICE

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Westall - Mask	
Address P.O. Drawer 1477, Roswell New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-1-80</u> UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED <u>EX 2-454 expires 1-31-81</u>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

Lease Name Hinkle "B" Federal	Well No. 12	Pool Name, Including Formation Shugart - <u>Y-S.R.-G</u> Lower Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029392B
Location Unit Letter P ; 330 Feet From The South Line and 990 Feet From The East Line of Section 35 Township 18 South Range 31 East , NMPM, Eddy County				

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 Company	Address (Give address to which approved copy of this form is to be sent) Drawer 175, Artesia, New Mexico 88208	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum or Continental Oil Company (Final decision has not been made)	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 P	Sec. 35
	Twp. 18S	Rge. 31E
	Is gas actually connected? No	When Yes

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 <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. Res'v. <input type="checkbox"/>
Date Spudded 5/15/80	Date Compl. Ready to Prod. 7/18/80		Total Depth 4200'		P.B.T.D. N/A 4152			
Elevations (DF, RKB, RT, GR, etc.) 3630.5 Gr.	Name of Producing Formation Lower Queen		Top Oil/Gas Pay N/A 3580		Tubing Depth N/A			
Perforations 3580-88 (5 Holes)		3652-98 (7 Holes)		3700-70 (8 Holes)		Depth Casing Shoe N/A 4200		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8		672'		100 Sacks Class "C"			
					150 Sacks H/L			
7 7/8"	4 1/2		4200'		475 Sacks C/POZ			

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 7/20/80	Date of Test 7/23/80	Producing Method (Flow, pump, gas lift, etc.) 2" X 1 1/2" X 10' Traveling Barrel Pump	
Length of Test 24 Hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 15 B.O.	Oil-Bbls. 15	Water-Bbls. 25	Gas-MCF Has Not Been Measured

GAS WELL

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

Gaul B. Westall
(Signature)
Co-Owner
(Title)
8/29/80
(Date)

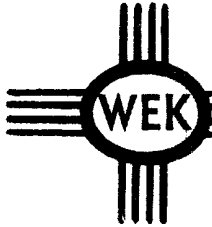
OIL CONSERVATION COMMISSION
SEP 4 - 1980APPROVED _____, 19____
BY *W. A. Gussitt*
TITLE **SUPERVISOR, DISTRICT II**

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.



KENNETH D. REYNOLDS - ARTESIA
LESLIE K. EVERTSON - ROSWELL

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 2055 ROSWELL, NEW MEXICO 88201
TELEPHONES: ARTESIA 505/746-6757
ROSWELL 505/623-5070

RECEIVED

May 30, 1980

SEP 2 1980

O. C. D.
ARTESIA, OFFICE

Westall & Mark
Drawer 1477
Roswell, N.M. 88201

Re: Hinkle Federal B-10

Gentlemen:

The following is a Deviation Survey of the above well located
in Eddy County, New Mexico.

475' - $1\frac{1}{2}^{\circ}$	2900' - 1°
950' - $1\frac{1}{2}^{\circ}$	3480' - $1\frac{1}{4}^{\circ}$
1420' - $3\frac{1}{4}^{\circ}$	3850' - $1\frac{1}{4}^{\circ}$
1910' - 1°	4200' - $3\frac{1}{4}^{\circ}$ T.D.
2409' - 1°	

Yours very truly,

WEK DRILLING CO., INC.

Arnold Newkirk

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

The foregoing was acknowledged before me this 30th day
of May, 1980 by Arnold Newkirk.

My Commission Expires:

4/28/82

Notary Public