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

NEW MEXICO OIL CONSERVATION COMMISS.  
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

SEP 7 11 15 AM '65

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I.

Operator <b>Western Drilling Company</b>	
Address <b>Box 1392, Longview, Texas</b>	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Great Western Federal "C" Fed.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>(Sawyer San Andres (Gas))</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>21</b> , Township <b>9S</b> Range <b>38E</b> , NMPM, <b>Lea</b> 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"/> <b>McWood Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 330, Abilene, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Capitan, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>3707 Rawlins Ave., Dallas, Texas</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>21</b>	Twp. <b>9S</b>
	Rge. <b>38E</b>	Is gas actually connected? <b>No</b> When <b>August 15, 1965</b>	

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <b>July 14, 1965</b>	Date Compl. Ready to Prod. <b>August 3, 1965</b>		Total Depth <b>5025'</b>		P.B.T.D.			
Pool <b>Sawyer (Gas)</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4914'</b>		Tubing Depth <b>4895'</b>			
Perforations <b>4914. 4918-4924-4933-4936-4940-4964-4973 &amp; 4978. Total of 18 shots.</b>					Depth Casing Shoe <b>5025'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>402'</b>		<b>250 sacks w/2 1/2 C. C.</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>5025'</b>		<b>600 sacks w/4 1/2 Aquagel</b>			
	<b>2 3/8"</b>		<b>4895' from tubing head.</b>		<b>100 sacks reg. W/45 gals. Latex in last 50 sacks.</b>			

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)

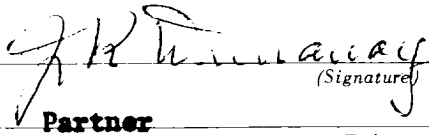
Date First New Oil Run To Tanks <b>August 1, 1965</b>	Date of Test <b>August 2, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>450#</b>	Casing Pressure <b>575#</b>	Choke Size <b>20/64"</b>
Actual Prod. During Test <b>20 bbls.</b>	Oil-Bbls. <b>14</b>	Water-Bbls. <b>6</b>	Gas-MCF <b>620,000</b>

GAS WELL

Actual Prod. Test-MCF/D <b>620,000</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back pressure</b>	Tubing Pressure <b>450#</b>	Casing Pressure <b>575#</b>	Choke Size <b>20/64"</b>

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.

  
(Signature)  
**Partner**  
(Title)

**August 5, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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 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 Sections I, II, III, and VI only 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.