

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Western Oil Producers, Inc.	Well API No. 30-015-21055
Address P.O. Box 1498, Roswell, New Mexico 88202-1498	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flint	Well No. 1	Pool Name, including Formation Eagle Creek Permo Penn	Kind of Lease, Fee State, Federal or Fee	Lease No.
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 25 Township 17S Range 25E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Crude Oil Purch C.O	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico 88210				
Name of Authorized Transporter of Casinghead Gas Agave Energy Co.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 105 S. 4th St., Artesia, N.M. 88210				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25	Twp. 17S	Rge. 25E	Is gas actually connected? Yes	When? 05/16/74

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
		X						
Date Spudded 02/04/74	Date Compl. Ready to Prod. 04/18/74	Total Depth 8507	P.B.T.D. 6567					
Elevations (DF, RKB, RT, GR, etc.) DF 3482	Name of Producing Formation CISCO	Top Oil/Gas Pay 6480	Tubing Depth 6436					
Perforations 6480-6490	6532-6534	Depth Casing Shoe 6573						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17 1/2"	12 3/4" 31#		595 FT			500 SX		
12 1/4"	8 5/8" 24#		1189 FT			750 SX		
7 7/8"	4 1/2" 12.6&11.6		6573 FT			150 SX		

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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Gary W. Chappell Vice President
Printed Name Title
12/04/95 505-623-3131
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 27 1995
By
Title ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.