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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION P.O. Box 2088

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

DISTRICT III 0000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZATI	ON
	TO TRANSPORT OF	L AND NATURAL GAS	
Operator			Well API No.
Western Oil Produc Address	ers, Inc.		30-015-21559
P.O. Box 1498, Ros	well, New Mexico 88	3202-1498	
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	CG 1	
Recompletion	Oil Dry Gas Casinghead Gas Condensate		
Change in Operator Lange of operator give name	Canagacad das Conocasado Cy		
nd address of previous operator I. DESCRIPTION OF WELL	ANDIFACE		Control of the second of the s
Lease Name	Well No. Pool Name, Include	ding Formation	Kind of Lease Eee Lease No.
Flint		reek Permo Penn	State, Federal or Fee
Location			
Unit LetterN	: 660 Feet From The		Feet From The West Line
Section 25 Towns	hip 17S Range 25	E , NMPM, E	ddy County
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NATI	URAL GAS Address (Give address to which as	oproved copy of this form is to be sent)
Name of Authorized Transporter of Oil Navajo Crude Oil I		Artesia, New Me	xico 88210
			oproved copy of this form is to be sent)
Name of Authorized Transporter of Casi Agave Energy Co.	mgreeu das di Diy das _A	105 S. 4th St.,	Artesia, NM 88210
Agave Energy Co. If well produces oil or liquids,	Unit Sec. Twp. Rg	e. Is gas actually connected?	When ?
give location of tanks.		E Yes	08/26/77
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or pool, give commin	ngling order number:	
	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Res'v
Designate Type of Completio			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
June 13, 1975	August 22, 1977	10,243'	6700'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 6440'
3460' GR	Cisco	6512'	Depth Casing Shoe
Perforations Total 36 Ho 6627'-31' 6563'-	les 67: 6528'-32' 6512	2'-18' 2/148 sho	8500'
0027 31 0303	TIRING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 3/4"	506'	400
17 1/2" 12 1/4" & 11"	8 5/8"	1261'	1160
7 7/8"	5 1/2"	8505'	575
5 1/2"	2 7/8"	8220'	8221
V TEST DATA AND REOL	EST FOR ALLOWABLE er recovery of total volume of load oil and m	ust be equal to or exceed top allowab	le for this depth or be for full 24 hours.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
Date First New Oil Run 10 Tank	Bate of You		Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL	The sale of The sa	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MOF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIF	TCATE OF COMPLIANCE	OIL CONC	ERVATION DIVISION
I hereby certify that the rules and ru	egulations of the Oil Conservation	OIL CONS	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved	DEC 2 7 1995
Jan N. C.	//-/// ~		
Sanature /		- By	AL CHARLED BY TIM W. GUM
Gary W. Chappel	1 Vice President	- Hara	CT I SUPLEVIOUR
Printed Name	Title	Title	
12/04/95	505-623-3131 Telephone No.	-	
Date	Telebrone 140.	11	

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.