- binit 5 Copies propriate District Office STRICL I	State of New Energy, Minerals and Natura		Form C-104 RECEIVED vised 11-1-89 See Instructions at Bottom of Page
O. Box 1980, Hobbs, NM 88240 ISTRICT II O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		JAN 10'90
ISTRICT III XVV Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABL TO TRANSPORT OIL A	E AND AUTHORIZAT	Well API No.
Socorro Petrole	eum Company		30-015- 10376
uddress P.O. Box 38, La	oco Hills, NM 88255		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Change in Operal Effective Januar	
·····B· ··· - 1	rcorn Oil Company, P.O. Bo	ox 2879, Victoria,	TX 77901
I. DESCRIPTION OF WELL Lease Name H.E. West "B" Location	AND LEASE Well No. Pool Name, Including 29 Grayburg Jac		Kind of Lease Lease No. State (Federator Fee LCO29426B
Unit Letter Section Townsh	17S _ 31E	NMPM,	Feet From The <u>YESE</u> Line Eddy <u>County</u>
Name of Authorized Transporter of Oil NONE WIW		Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of Casin NONE If well produces oil or liquids,		Address (Give address to which ls gas actually connected?	approved copy of this form is to be sent)
give location of tanks.	t from any other lease or pool, give conuningli	ng order number:	
IV. COMPLETION DATA			
Designate Type of Completion	1 - (X)	New Well   Workover   Total Depth	Deepen   Plug Back  Same Res'v  Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Cas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT Post ID-3
			2-9-90 che m
V. TEST DATA AND REQU OIL WELL (Test must be afte Date First New Oil Run To Tank	EST FOR ALLOWABLE r recovery of total volume of load oil and must Date of Test	be equal to or exceed top allows Producing Method (Flow, pury	p, gas lýl, 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/MNICI	Gravity of Condensate
lesting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui-in)	Choke Size
I hereby certify that the rules and m Division have been complied with is true and complete to the best of Signature Ben D. Gould Printed Name	and that the information given above my knowledge and belief. Sould Manager Title	Date Approved By <u>ORIGINA</u>	L SIGNED BY
1/2/90 Date	505/677-2360 Telephune Nu.		

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 rool in multiply completed wells.