

SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR	1	
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
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

RECEIVED

Operator	WESTALL - MASK	DEC 7 1977
Address	P.O. Drawer 1477 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	No change name of Operator from Mask- Westall to WESTALL-MASK, P.O. Drawer 1477, Roswell, New Mexico 88201.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner		

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eddy State "BOA" State	1	Artesia-Queen-Grayburg	State, Federal or Fee State	OG-1644
Location				
Unit Letter	P	330 Feet From The South Line and	990 Feet From The East	
Line of Section	8	Township 18 South	Range 28 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"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Rge.
	P	8	18S	28E
				No

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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

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.	
WESTALL - MASK	
Jack Mask	
(Signature)	
Co-Owner	
(Title)	
12/5/77	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	DEC 22 1977
BY	W. A. Gressett
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 logs 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.	