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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

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OCT 12 1976

I. Operator WESTALL = MASK ✓

Address C. C. C. ARTESIA, OFFICE  
 Drawer 1477, Roswell NM 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Hinkle "B" Federal	Well No.	7	Pool Name, including Formation	Shugart/ Queen / SR-Q-6b	Kind of Lease	Federal
						State, Federal or Fee	LC 029392E
Location	Unit Letter E ; 990' Feet From The west Line and 1650' Feet From The north						
	Line of Section 34 , Township 18 S Range 31 E , NMPM, Eddy 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"/>	Navajo Crude Oil Purchasing Co	Address (Give address to which approved copy of this form is to be sent)	Box 175, Artesia NM 88210					
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 D	Sec. 34	Twp. 18S	Rge. 31E	Is gas actually connected?	no / tstm	When	

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	Size Restv.	Diff. Restv.
	X		X					
Date Spudded	8/27/76	Date Compl. Ready to Prod.	9/27/76	Total Depth	3955	P.B.T.D.	3930	
Pool	Shugart	Name of Producing Formation	Queen	Top Oil/Gas Pay	3558	Tubing Depth	3675	
Perforations	3778-3798, 3806 - 3834, 3836-3854, 3722-3756, 3558-3598			3616 - 3618, 3620 - 3656		Depth Casing Shoe	3935	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8 20 #	650	275
7 7/8	4 1/2 9.5#	3935	800
4 1/2	2 7/8 N 80	3675	

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	9/27/76	Date of Test	9/29/76	Producing Method (Flow, pump, gas lift, etc.)	pump		
Length of Test	24 hr	Tubing Pressure		Casing Pressure		Choke Size	none
Actual Prod. During Test	100	Oil-Bbls.	65	Water-Bbls.	35	Gas-MCF	TSTM

GAS WELL

Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure		Casing Pressure		Choke Size	10-15-74

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.

Jack Mask (Signature)  
 co-owner (Title)  
 10/11/76 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 14 1976  
 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 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.