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TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED TRANSPORT OIL AND NATURAL GAS

DEC 13 1976

O. C. C.
ARTESIA, OFFICE

Operator WESTALL - MASK ✓		
Address 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CORRECTED REPORT TO ADD GAS TRANSPORTER
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <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. Pool Name, Including Formation 7 Shugart/ Queen Y-SR-Q-GS	Kind of Lease Federal LC 029392
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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petro Co	Address (Give address to which approved copy of this form is to be sent.) 4th & Washington, Odessa Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 34
	Twp. 18S	Range 31E
	Is gas actually connected? yes no / tstm	When 11/10/76

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug back <input type="checkbox"/>	Side Entry <input type="checkbox"/>	Ent. Restv. <input type="checkbox"/>
Date Spudded 8/27/76	Date Compl. Ready to Prod. 9/27/76		Total Depth 3955		3930			
Well Shugart	Name of Producing Formation Queen		Top Oil/Gas Pay 3558		3675			
Perforations 3778-3798, 3806 - 3834, 3836-3854, 3722-3756, 3558-3598					3935			
3616 - 3620, 3620 - 3656								

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)

Line 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	Check Valve none
Actual Prod. During Test 100	Oil-Pbls. 65	Water-Pbls. 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	Stroke Size

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.

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.

Jack Mask

(Signature)

CO-OWNER

(Title)

10/11/76

(Date)

434 3224

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