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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION 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-

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I. Operator Westall - Mask ✓
Address P.O. Drawer 1477 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box) ☒ New Well ☐ Change in Transporter of:
☐ Recombination ☐ Oil ☐ Dry Gas ☐
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hinkle "B" Federal</u>	Well No. <u>10</u>	Pool Name, Including Formation <u>Shugart</u>	Kind of Lease Federal State, Federal or Fee <u>LC029392B</u>
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>27</u> , Township <u>18S</u> Range <u>31E</u> , NEPM, <u>Eddy</u> 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"/> <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 175, Artesia, New Mexico 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>5 B4 Phillips Bldg. Bartlesville, Ok. 74004</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>27</u>	Twp. <u>18S</u>	Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u>	When <u>02/13/78</u>

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"/>	Filter Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Full Restv. <input type="checkbox"/>
Date Drilled <u>01/20/78</u>	Date Compl. Ready to Prod. <u>02/06/78</u>		Total Depth <u>3,650'</u>		F.H.T.D.			
Pool <u>Shugart</u>	Name of Producing Formation <u>Queen</u>		Top Oil/Gas Pay		Tubing Depth <u>3,500'</u>			
Perforations <u>3354-70, 3420, 3438, 3452, 3490-3506 (46 Holes)</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8 5/8 20#</u>		<u>658'</u>		<u>300</u>			
<u>7 7/8</u>	<u>4 1/2 9.5#</u>		<u>3650'</u>		<u>400</u>			
<u>5 1/2</u>	<u>2 3/8 EUE</u>		<u>3500'</u>					

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 <u>02/13/78</u>	Date of Test <u>02/13/78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure	Casing Pressure	Choke Size <u>X</u>
Actual Prod. During Test <u>30</u>	Oil - Bbls. <u>30</u>	Water - Bbls. <u>5</u>	Gas - MCF <u>5,000</u>

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

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)
02/21/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1978, 19
BY W. A. Grissett
TITLE SUPERVISOR, DISTRICT II

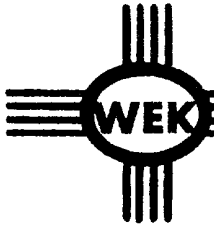
This form is to be filed in compliance with RULE 1104.

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.



KENNETH D. REYNOLDS - ARTESIA
LESLIE K. EVERTSON - ROSWELL

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 2055 ROSWELL, NEW MEXICO 88201
TELEPHONES: ARTESIA 505/746-6757
ROSWELL 505/623-5070

February 7, 1978

RECEIVED

FEB 22 1978

O. C. C.
ARTESIA, OFFICE

Westall & Mask
P.O. Drawer 1477
Roswell, New Mexico 88201

Re: Hinkle Federal B #10

Gentlemen:

The following is a Deviation Survey of the above well:

497' - $1\frac{1}{2}^{\circ}$
658' - 1°
1127' - 1°
1616' - 1°
1770' - 1°

2187' - $1\frac{3}{4}^{\circ}$
2414' - $1\frac{1}{2}^{\circ}$
2909' - 1°
3394' - 1°
3650' - 1° T.D.

Yours very truly,

WEK DRILLING CO., INC.

Arnold Newkirk

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

The foregoing was acknowledged before me this 7th day
of February, 1978 by Arnold Newkirk.

My Commission Expires:

April 9, 1980

Notary Public