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	GAS	✓
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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 1-1-65

APR 27 '88

C. C. D.
ARTESIA, OFFICE

Operator Westall- Mask ✓	
Address P.O. Drawer 1477 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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. 20	Pool Name, including Formation Shugart-Y-SR-Q-G	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>ESL</u> Line and <u>2310'</u> Feet From The <u>FEL</u>			
Line of Section <u>34</u> , Township <u>18</u> Range <u>31</u> , NMPM, <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"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 76761		
If well produces oil or liquids, give location of tanks.	Unit 34	Sec. 18S	Rge. 31 E
Is gas actually connected? yes		When 10-10-83	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-17-88	Date Compl. Ready to Prod. 3-31-88	Total Depth 4300'		P.B.T.D. N/A				
Pool	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3876		Tubing Depth 2575				
Perforations 2530-2702 (18 holes)				Depth Casing Shoe 4300'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11 1/4	8 5/8		450		400 Sx class C 2% ccl			
7 7/8	4 1/2		4300		1700 sx pacesetter lite			
					plus .3% A.F.S. 300 sx			
					50/50 POZ c			

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)

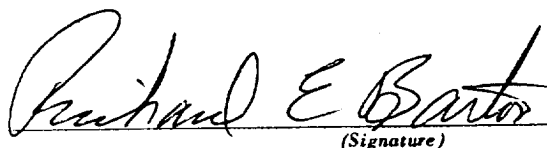
Date First New Oil Run To Tanks 2-26-88	Date of Test 3-31-88	Producing Method (Flow, pump, gas lift, etc.) 2 X 1/2 X 2 X 12 RWTC Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 1	Gas-MCF to small to measure

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.


(Signature)

Trustee of the Jack Mask Trust

(Title)

4-22-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 29 1988, 19
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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.