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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 1-1-65

RECEIVED

APR 28 1972

I. Operator **V. H. Westbrook** **O. L. L.**
Address **P. O. Box 2264 Hobbs, New Mexico 88240**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: ☐ **Request for Test Allowable**
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cowden Federal	Well No. 1	Pool Name, including Formation Golden Lane Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM13635
Location Unit Letter K 4620 Feet From The South Line and 1980 Feet From The West Line of Section 4 Township 21-S Range 29-E NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O.Box 3119 Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Delhi Gas Pipe Corporation	Address (Give address to which approved copy of this form is to be sent) P.O.Drawer 634 Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4	wp. 21S	Rge. 29E	Is gas actually connected? Yes	When March 22, 1972

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	Same Res'v.	Diff. Res'v.
		X		X		X		X
Date Spudded 3-22-67	Date Compl. Ready to Prod. 4-26-72	Total Depth 12,770'	P.B.T.D. 11,500					
Elevations (DF, RKB, RT, GR, etc.) GL 3453	Name of Producing Formation Strawn	Test Oil/Gas Pay 11,212	Tubing Depth 11,200					
Perforations 2 SPF 11226-232 11232-248			Depth Casing Shoe 12773					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16"	618	650					
18"	11 3/4"	1640	1100					
11"	8 5/8"	4016	1000					
7 7/8"	4 1/2"	12773	800					

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	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 1300	Length of Test 24 hours	Bbls. Condensate/MMCF 82	Gravity of Condensate 58
Testing Method (pitot, back pr.) Meter Run	Tubing Pressure (Shut-in) 3150	Casing Pressure (Shut-in) Packer Set	Choke Size 1 1/64

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.

V. H. Westbrook
(Signature)

Operator

(Title)

4-27-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **W. A. Gussert**, 19

BY **W. A. Gussert**

TITLE

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 only Sections I, II, III, and VI 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