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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
NEW LAND OIL WELL
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 26 1973

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

O. C. C.
ARTESIA OFFICE

Operator V.H. Westbrook	
Address P.O. Box 2264	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Other (Please explain) <input checked="" type="checkbox"/>	

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 Gas	State, Federal or Fee Federal	Lease No. NM 13635
Location					
Unit Letter K	4620	Feet From The South	1980	Feet From The West	
Line of Section 4	Township 21S	Range 29E	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Company	P.O. Box 175 Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gas Company	Fidelity Union Tower, Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4
	W.P. 21S	Range 29E
	Is gas actually connected? Yes	
	When March 22, 1972	

If this production is commingled with that from any other lease or pools, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-22-67	Date Compl. Ready to Prod. 4-26-72	Total Depth 12770		P.B.T.D. 11,500				
Elevations (DF, RKB, RT, CR, etc.) GL 3453	Name of Producing Formation Strawn	Total Gas Pay 11,212		Tubing Depth 11,200				
Perforations			Depth Casing Shoe					
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"		12,773'		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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

V.H. Westbrook
(Signature)

Operator

(Title)

12-21-73

(Date)

OIL CONSERVATION COMMISSION

DEC 26 1973

APPROVED _____, 19____

BY *W. A. Gussert*

TITLE *OIL AND GAS*

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