

District 3 Offices
Appropriate District Office
DISTRICT 11
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 11
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 11
1000 Kio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JAN -2 '90

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	V. H. Westbrook	Well API No.
Address	P. O. Box 2264 Hobbs, New Mexico 88240	
Reasons for Filing (Check proper box)		
<input type="checkbox"/> New Well	<input type="checkbox"/> Other (Please explain)	
<input type="checkbox"/> Completion	Change in Transporter of:	
<input type="checkbox"/> Change in Operator	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Crowden Federal	#1	Golden Lane Strawn	State, Federal or Fee	NM-13635
Location				
Well Letter	K	4620	Feet From The	South Line and 1980 Feet From The West Line
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 Refining Company			P O Drawer 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
G.M.			
Is well produces oil or liquids, give location of tanks	Unit	Sec.	Typ.
	K	4	21S
			Rge. 29E
Is gas actually connected?	When ?		
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
Complete								
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (OP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Well Completion					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			1-19-90
			sig LT: PER

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 Tank	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. During Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: V. H. Westbrook Operator

Printer Name: V. H. Westbrook Title

Date: 12/22/89 Telephone No. (505) 393-9714

OIL CONSERVATION DIVISION

Date Approved JAN 10 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT 11

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1. Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2. All sections of this form must be filled out for allowable on new and recompleted wells.
3. Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4. Separate Form C-104 must be filed for each pool in multiply completed wells.