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TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

JUL 1 1977

Operator	Western Oil Producers, Inc.			O. O. O.
Address	ARTESIA, OFFICE			
	P.O. Box 2055 Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)				Other (Please explain)
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hunker Comm.	1	E. Carlsbad Wolfcamp	State, Federal or Fee Fee	
Location				
Unit Letter	K	1980 Feet From The South	Line and	1980 Feet From The West
Line of Section	35	Township	21-S	Range 27-E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P.O. Drawer 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)					
El Paso Natural Gas Co.	Box 1492 El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	35	21-S	27-E	no yes	7-1-77 7-2-77

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'y.	Diff. Res'y.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-1-77	6-2-77	11,895	11,836					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR 3113.5	Wolfcamp	9,641	11,442					
Perforations						Depth Casing Shoe		
9,641'-9,717'						11,895		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		428		450			
11"	8 5/8		2650		950			
7 7/8	5 1/2		11895		1200			
5 1/2	2 7/8		11409					

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)

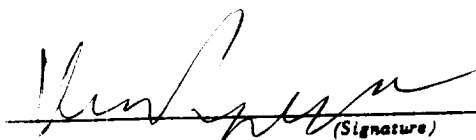
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3000	4 hrs.	104	49
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
Back Press.	4800	4800	20/64

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.


(Signature)

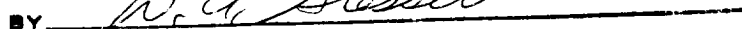
Supt.
(Title)

6-24-77
(Date)

OIL CONSERVATION COMMISSION

JUL 6 1977

APPROVED _____, 19____

BY 
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 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 completed wells.