

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

OIL CONSERVATION DIVISION

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

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Western Reserves Oil Company Inc.	Well API No. 30 025 30858
Address P. O. Box 993, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "26"	Well No. 3	Pool Name, Including Formation Vada (Devonian)	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. V-2174
Location Unit Letter <u>K</u> : <u>1,650</u> Feet From The <u>south</u> Line and <u>2,310</u> Feet From The <u>west</u> Line Section <u>26</u> Township <u>10 south</u> Range <u>33 east</u> , <u>NMPM</u> , <u>Lea</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"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ste 500, Ft. Worth, Tx 76102			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, NM 88265			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 10S	Rge. 33E
	Is gas actually connected? Yes		When? June 3, 1988 7-25-90	
If this production is commingled with that from any other lease or pool, give commingling order number: <u>NA</u>				

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 5-27-90	Date Compl. Ready to Prod. 7-25-90	Total Depth 12,680'		P.B.T.D. 12,667'				
Elevations (DF, RKB, RT, GR, etc.) 4195.8' GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,620'		Tubing Depth 12,545'				
Perforations 12,620' - 12,660'			Depth Casing Shoe 12,679'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	450'	500
11"	8-5/8"	4,200'	1,700
7-7/8"	5 1/2"	12,679'	875
5 1/2"	2-7/8"	12,545'	NA

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.)

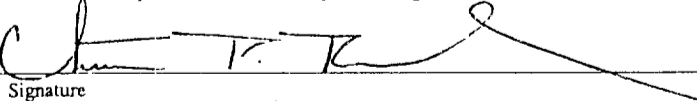
Date First New Oil Run To Tank 7-25-90	Date of Test 7-26-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 11 hours	Tubing Pressure 360 psi	Casing Pressure NA (Packer)	Choke Size 12/64"
Actual Prod. During Test	Oil - Bbls. 1,484	Water - Bbls. 0	Gas- MCF 30

GAS WELL

Actual Prod. 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
 Christopher P. Renaud Engineer
 Printed Name
 7-27-90 (915) 683-5533
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved August 1, 1990
 By ORIGINAL SIGNED BY TERRY SEXTON
 DISTRICT III
 Title _____

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.

JUL 8 0 1900

OLD
MORNING STAR