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U.S.G.S.	
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

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JAN 9 1976

Operator Western Oil Producers, Inc. ✓		O.C.C. ARTESIA, OFFICE	
Address Box 2055, Roswell, N. M. 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Request to sell test oil of 45 Bbls. in 50 days Well P & A	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

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

DESCRIPTION OF WELL AND LEASE

Lease Name Harrison	Well No. 1	Pool Name, including Formation San Andreas Wildcat	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 1650 Feet From The South Line and 660 Feet From The West Line of Section 15 Township 16S Range 26E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Artesia, N. M. 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None TSTM	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks. Test Tank	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When P & A

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/16/75	Date Compl. Ready to Prod. 7/30/75	Total Depth 1550	P.B.T.D. 1100					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andreas	Top Oil/Gas Pay 1106' to 1509'	Tubing Depth 1100'					
Perforations 1106' to 1509'			Depth Casing Shoe 1550'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	12 3/4	396'	475 sx. circ.					
12 1/4 to 11"	8 5/8	1100'	350 sx. circ.					
7 7/8	4 1/2	1550'	200 sx.					
4 1/2" csg.	2" tbg.	1100' pulled	pulled					

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)

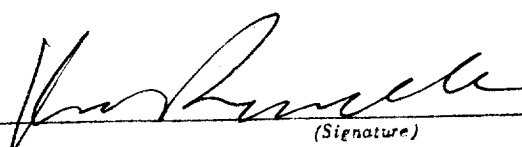
Date First New Oil Run To Tanks 7/31/75	Date of Test 7/30/75 to 9/15/75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 50 days	Tubing Pressure Pumping	Casing Pressure --	Choke Size --
Actual Prod. During Test 45 Bbls.	Oil-Bbls. 45 Bbls.	Water-Bbls. 80 to 100 Bbls./day	Gas-MCF

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

I. 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)
Superintendent
(Title)
1/7/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 9 1976
BY W. A. Gressett
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.