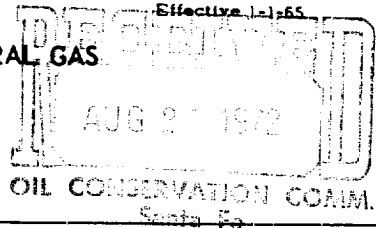


NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Ted Weiner Oil Properties & Century Petroleum Ltd.

Address
1616 Oil and Gas Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS WELL. CAN BE REARRED AFTER 10/12/72 UNLESS AN ORDER FOR IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____
THIS WELL WAS NOT DESIGNATED BY THE
DESIGNATED BY _____
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name NM-0408232 USA	Well No. 1	Pool Name, Including Formation Bluitt San Andres Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. 0408232
Location Unit Letter I ; 1980 Feet From The South Line and 660' Feet From The East Line of Section 7 Township 8S Range 38E , NMPM, Roosevelt 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"/> Mobil Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 633, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Pending Citius Services	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 7 Twp. 8S Rge. 38E	Is gas actually connected? no 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 <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 7/10/72	Date Compl. Ready to Prod. 8/10/72	Total Depth 4,776'	P.B.T.D. 4,759'
Elevations (DF, RKB, RT, GR, etc.) 3999.4' KB, 3990.4GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4,744'	Tubing Depth 4,753'
Perforations 4,749' - 4,751'			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 10/3/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 20# 4 1/2" 9.5#	DEPTH SET 345' 4,776'	SACKS CEMENT 150 sx Class H 300 sx C1 c 850 Poz

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 8/10/72	Date of Test 8/12/72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 30 psi	Casing Pressure 520 psi	Choke Size 30/65th
Actual Prod. During Test 116 bbls oil	Oil-Bbls. 116	Water-Bbls. -0-	Gas-MCF 60

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.

Pet. Engineer, General Partner
(Signature)
August 17, 1972
(Title)
(Date)

OIL CONSERVATION COMMISSION
SEP 1 1972
APPROVED _____, 19____
BY
TITLE **SUPERVISOR DISTRICT I**

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.

(continued)

OIL CONSERVATION COMM.
HOBBS, N. M.