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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

Operator D. M. Norman	
Address P. O. Box 1585, Midland, Texas 79702	
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 <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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Weathersby	Lease No.	Well No. 4	Pool Name, including Formation Milnesand San Andres	Kind of Lease State, Federal or <u>Fee</u>
Location				
Unit Letter E	1930	Feet From The N	Line and 710	Feet From The W
Line of Section 24	Township 8-S	Range 34E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Oil Corporation	P. O. Box 900, Dallas Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company	Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24
	Twp. 8S	Rge. 34E
	Is gas actually connected? yes	When 2-15-80

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-11-79	Date Compl. Ready to Prod. 2-1-80	Total Depth 4737		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 4245 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4585		Tubing Depth 4507				
Perforations 1597, 1606, 1621, 1626, 1631, 1652, 1653, 1655		TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE 12 3/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2	DEPTH SET 2207 4737		SACKS CEMENT 830 175				

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 2-15-80	Date of Test 2-16-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 41 Bbls.	Oil - Bbls. 20	Water - Bbls. 21	Gas - MCF 25

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

  
(Signature)  
D. M. Norman, Operator  
(Title)  
2-25-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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.