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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-1
Effective 1-1-65

I.

Operator	
Western Reserves Oil Company	
Address	
P. O. Box 2188 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner MORANCO P. O. Box 1860 Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Western Reserves	Well No. #2	Pool Name, Including Formation Tom-Tom (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. L-5119
Location				
Unit Letter I ; 1980 Feet From The South Line and 330 Feet From The East				
Line of Section 32 Township 7-S Range 31-E , NMPM, Chaves 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)					
Koch Oil Company	Box 1558, Breckenridge, Texas 76024					
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)					
Cities Service Company	Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 32	Twp. 7-S	Rge. 31-E	Is gas actually connected? Yes	When 10-26-79

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-6-78	Date Compl. Ready to Prod. 12-20-78	Total Depth 4006'	P.B.T.D. 3964'					
Elevations (DF, RKB, RT, GR, etc.) 4283' RT	Name of Producing Formation San Andres	Top Oil/Gas Pay 3780'	Tubing Depth 3900'					
Perforations 3780-82 (3 shots) 3784-86 (3 shots) 3791-97 (7 shots)			Depth Casing Shoe					
3808(1 shot) 3813-15 (3 shots) 3827-29 (3 shots) 3833-35(3 shots) 3840-48 (3 shots)			3852-54 (3 shots)					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8	1364'	700 SX					
7 7/8"	4 1/2"	4006'	300 SX					

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)

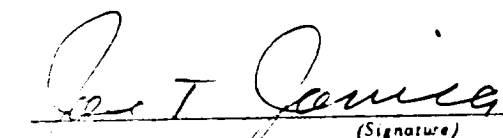
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)
Agent, Western Reserves Oil Company
(Title)
October 19, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
Original Signed by
Jury Bosted
TITLE _____
Dist. L. Supr.

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 deviated 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 change 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 multiple completed wells.