Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

I. Operator	T(OTRAN	SPORT O	L AND NA	ATURAL GA	27 110N 48				
	Westbrook Oil Corporation						API No.			
Address P.O. Box 2264 - Hobbs, NM 88241-2264							30-025-29420			
Reason(s) for Filing (Check proper box	:)			Ot	her (Please expla	-i=\				
New Well Recompletion			ansporter of:		and the see expen	in)				
Change in Operator	Oil Casinghead	_	ry Gas	E	ffective:	Decembe	r 1, 19	93		
If change of operator give name and address of previous operator	V.H. Westb			261 11	abbi III	66010				
II. DESCRIPTION OF WEL			ro box z	204 - H	ODDS, NM	88240				
Lease Name	V		ool Name Includ	ing Formation						
	Now Mariaa 16 State				21.421			of Lease No. Federal or Fee LG-9819		
Location Unit Letter	:1980	1			ne and 660		-	F +	West	
Section 16 Town	ship 14S	,		4F	MPM,	F Le.a	eet From The		Lilie	
III. DESIGNATION OF TRA	NCDADTED	OF OU	A 3 TO 3 TA 1000						County	
remaporation of Oth	ORTER	r Condensate	E	Address (Gi	ve address to wh	ich approve	d6:11*			
Koch Oil Company					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 - Wichita KS 67201					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Company							·			
well produces oil or liquids, Unit Sec. Twp. Rge.				Tulsa			, OK 74102			
	<u> </u>	16	14S 34E		Vox	, when	1 7			
f this production is commingled with th V. COMPLETION DATA	at from any other	lease or poo	d, give comming	ling order num	nber:					
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	ate Compl. Ready to Prod.					P.B.T.D.	<u></u>		
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay					
Perforations					Top Oil Oas Fay			Tubing Depth		
r citorations								Depth Casing Shoe		
HOLE OLDE	CEMENTING RECORD									
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUI	EST FOR AL	LOWAR	LE							
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total	volume of le	oad oil and must	be equal to or	r exceed top allow	wable for this	s denth or he i	for full 2d Love		
Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift. etc.)						
Length of Test	Tubing Pressu	re		Casing Press	ure		Choke Size			
Actual Prod. During Test								Choke Size		
retain From During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL	<u>l</u>			1						
Actual Prod. Test - MCF/D	Length of Tes	t		Bbls. Conder	sate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Olavity of Condensate			
							Choke Size			
I. OPERATOR CERTIFIC	CATE OF C	OMPLI	ANCE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my	knowledge and t	uon given al pelief.	Dove			DEC	07 1993	5		
F/11/11	111	(Date	Approved					
Signature Use Stenoop					By ORIGINAL PICATO SECURITORS DISTRICT FROM SPACES					
Printed Name 11/12/93 V.H. Westbrook Vice-President 505-393-9714					PE AMBIRC REQUE	CT 1 SOF				
11/12/93 Date				litle						
		Telephor	ne No.	11						

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
- 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.