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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
Superseding Old C-101 and C-11
Effective 1-1-65

Operator Westall & Barr	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Effective 6/1/76	
If change of ownership give name and address of previous owner Jack J. Grynberg, 1050 - 17th Street, Suite 1950, Denver, CO 80202	

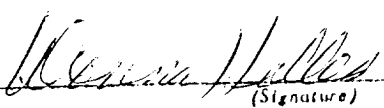
1. DESCRIPTION OF WELL AND LEASE		NM-0392502	
Lease Name Federal "A"	Well No. 2	Pool Name, including Formation Chaveroo	Kind of Lease State, Federal or Fee Federal
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East		Lease H. above	
Line of Section 24 Township 7 S Range 32 E , NMPM, Roosevelt County			

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 24 Twp. 7 S Rge. 32 E Is gas actually connected? Yes When 9/20/68

If this production is commingled with that from any other lease or pool, give commingling order number:	
3. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil-Bbls.
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Ebls. Condensate/MMCF
	Gravity of Condensate
	Tubing Pressure (shut-in)
	Casing Pressure (shut-in)
	Choke Size

5. 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 (Title)	
6/15/76 (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 daylight tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on newly completed 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.	