

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	Operator	Western Oil Producers, Inc.
Address P.O. Box 1498 Roswell, N.M. 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well:	<input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> <i>Change gas connection</i>
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Penn State	Well No. #1	Pool Name, including Formation Kemnitz, Lower Wolf camp	Kind of Lease State, Federal or Fee State	Lease No. LG4556
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980'</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>16S</u> Range <u>33E</u> , NMPM, LEA Count _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197 Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 35	Twp. 16S	Rge. 33E	Is gas actually connected? YES	When 1-11-88

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 10% of total volume of load oil 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Arnold Kerk  
(Signature)  
V.P.  
(Title)  
1/20/88  
(Date)

OIL CONSERVATION DIVISION

JAN 22 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.