

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Western Oil Producers Inc.

Address P.O. Box 1498 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Re-entry
Recompletion <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-1-88 UNLESS AN EXCEPTION TO R-470 IS OBTAINED.
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Penn State	Well No. #1	Pool Name, including Formation Kemnitz Lower Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. LG4556
Location				
Unit Letter C	: 660	Feet From The North	Line and 1980'	Feet From The West
Line of Section 35	Township 16S	Range 33E	NMPM,	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P.O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None yet						
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 35	Twp. 16S	Rge. 33E	Is gas actually connected? No	When Approximately 30 days

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-31-87	Date Compl. Ready to Prod. 10-15-87	Total Depth 10,978	P.B.T.D. 10,837'					
Elevations (DF, RKB, RT, GR, etc.) 4174GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,838	Tubing Depth 10,960'					
Perforations 10838-10848			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	333'	Circ
12 1/4	8 5/8	4547'	Circ
7 7/8	5 1/2	10,963'	225
	2 3/8	10,712'	

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 10-24-87	Date of Test 10-25-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 80-90 psi	Casing Pressure -0-	Choke Size 21/64
Actual Prod. During Test 42 bhls	Oil-Bble. 52	Water-Bble. -0-	Gas-MCF 220

GAS WELL

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

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 Hewit
VP (Signature)

11/13/87
(Date)

OIL CONSERVATION DIVISION
NOV 16 1987

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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

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HOBBS OFFICE