

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

I. OPERATOR

Operator: WESTERN OIL PRODUCERS, INC.

Address: P. O. Box 2055 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>State B</u>	<u>1</u>	<u>80 acres, N. Vacuum Extension</u>	<u>State, Federal or Fee</u>	<u>State</u>
Location				
Unit Letter	<u>M</u>	<u>776</u>	Feet From The <u>South</u>	Line and <u>554</u>
			Feet From The <u>West</u>	
Line of Section	<u>35</u>	Township	<u>16S</u>	Range
			<u>34 East</u>	<u>NMPM, Lea County</u>
				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)					
<u>Mobil Oil Pipeline Co.</u>	<u>P. O. Box 900 Dallas, Tex. Attn: D. C. Kenne</u>					
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)					
<u>Phillips Pipeline Co.</u>	<u>RM B 2 Phillips Building, Odessa, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>M</u>	<u>35</u>	<u>16S</u>	<u>34E</u>	<u>No</u>	<u>Estimated 11-1-68</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>7-13-68</u>	<u>9-15-68</u>	<u>10,775</u>	<u>10,755</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>4068 KB</u>	<u>Lower Wolfcamp</u>	<u>10,664</u>	<u>10,612</u>					
Perforations	Depth Casing Shoe							
<u>10,749</u>	<u>10,775</u>							
<u>2SPF@ 10,664, 10673, 10681, 10697, 10704, 10,714, 10,723, 10735, 10742</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>350'</u>	<u>300</u>					
<u>11 "</u>	<u>8 5/8"</u>	<u>3,324'</u>	<u>350</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>10,775'</u>	<u>375</u>					
	<u>2 3/8"</u>	<u>10,612'</u>	<u>Packer</u>					

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.)	
<u>September 14, 1968</u>	<u>September 14, 15, 1968</u>	<u>Flow</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>15 hours</u>	<u>220</u>	<u>Packer</u>	<u>16/64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>225</u>	<u>0</u>	<u>187.5</u>

GAS WELL

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

John W. Runyan
(Signature)
John W. Runyan
(Title)
John W. Runyan
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
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 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 condition.

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