

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-104 and C-11
Effective 1-1-65

I.

Operator		WESTERN OIL PRODUCERS, INC.	
Address		P. O. BOX 2055 ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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.
State B	1	Undesignated Lower Wolfcamp	State, Federal or Fee State	
Location North Vacuum-Lower Wolfcamp R-3631				
Unit Letter	M	776 Feet From The South Line and	554 Feet From The West	
Line of Section	35	Township 16 South	Range 34 East	NMPM, Lea 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)			
Permian Corporation	P. O. Box 3119 Midland, Texas			
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)			
Phillips Pipeline Co.	Rm. B-2 Phillips Building Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	M	35	16S	34E
Is gas actually connected?	No	Estimated 11-1-68		

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.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
7-13-68	9-15-68	10,775		10,755				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
4068 KB	Lower Wolfcamp	10,664		10,612				
Perforations	10,742; 10,749				Depth Casing Shoe			
2SPF@ 10,664; 10,673; 10,681; 10,697; 10,704; 10,714; 10,723; 10,735;					10,775			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		350'		300			
11"	8 5/8"		3,324'		350			
7 7/8"	4 1/2"		10,775'		375			
	2 3/8"		10,612'		Packer			

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

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 M. West
(Signature)
Secretary - Treasurer
(Title)
October 17, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John M. West
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