

NO. OF COPIES RECEIVED		
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-110  
Effective 1-1-65

I. Operator  
Western Oil Producers, Inc.  
Address  
P. O. Box 2055, Roswell, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name State "B"  
Well No. 2  
Pool Name, Including Formation North Vacuum-Lower Wolfcamp  
Kind of Lease State, Federal or Fee State  
Lease No. CG-5097  
Location  
Unit Letter 2X; 660 Feet From The West Line and 1980 Feet From The South  
Line of Section 35 Township 16-S Range 34-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Mobil Oil, will use Permian until pipe in. Box 633, Midland, Texas  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Phillips Pet. Co. (Well vent till hooked up) Bartlesville, Oklahoma  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit 2 Sec. 35 Twp. 16-S Rge. 34-E Is gas actually connected? No When

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. ☐  
Date Spudded 3-21-69 Date Compl. Ready to Prod. 5-7-69 Total Depth 10,825 P.B.T.D. 10,788  
Elevations (DF, RKB, RT, GR, etc.) G.L. 4058 Name of Producing Formation Lower Wolfcamp Top Oil/Gas Pay 10,678 Tubing Depth 10,700  
Perforations 10,678-10,683' 2-41 shots/ft. Depth Casing Shoe 10,790  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
17 1/2" 13 3/8" 335' 300 sx circ.  
11" 8 5/8" 3316' 400 sx.  
7 7/8" 4 1/2" 10,790' 325 sx.

V. 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 5-17-69 Date of Test 5-17-69 Producing Method (Flow, pump, gas lift, etc.) Pumping  
Length of Test 24 hrs. Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test 62 bbis. Oil-Bbls. 62 bbls. Water-Bbls. 0 Gas-MCF 263/day

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

I. 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.

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 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.