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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-111  
Effective 1-1-65

Operator Western Oil Producers, Inc.	
Address P. O. Box 2055, Roswell, N. M. 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) To show casinghead gas transporter

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jon-Bob	Well No. 1	Pool Name, including Formation Corbin Abo	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-05840
Location Unit Letter A ; 660 Feet From The North Line and 330 Feet From The East Line of Section 35 Township 17-S Range 32-E , 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman, Artesia, N. M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 17S	Rge. 32E	Is gas actually connected? Yes	When 5-16-75

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 <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 checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-9-75	Date Compl. Ready to Prod. 4-4-75	Total Depth 8880'		P.B.T.D. 8679'					
Elevations (DF, RKB, RT, GR, etc.) 3952 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 8493'		Tubing Depth 8451'					
Perforations 8493'-8517' = 13 holes, 8525'-8532' = 5 hls., 8456'-8552' = 4 hls.				Depth Casing Shoe 8711'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2	13 3/8	330		300 sx circ.					
11	8 5/8	4400		650 sx					
7 7/8	4 1/2	8711		250 sx					
4 1/2	2 3/8	8451		Pkr					

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)

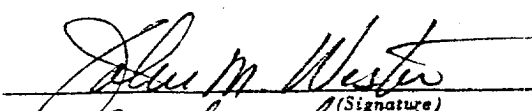
Date First New Oil Run To Tanks 4-4-75	Date of Test 4-5-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 0 - 150	Casing Pressure 0 - Pkr	Choke Size 28/64
Actual Prod. During Test 156 BBLs	Oil-Bbls. 156	Water-Bbls. 0	Gas-MCF 93.6

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.

  
(Signature)  
Asst. Supt.  
(Title)  
5-30-75  
(Date)

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.

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