

**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-105  
Effective 1-1-65

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

**I. OPERATOR**

Operator: Western Oil Producers, Inc.

Address: P. O. Box 2055, Roswell, N. M. 88201

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): **CASINGHEAD GAS MUST NOT BE PLACED AFTER 6/4/75 UNLESS AN EXCEPTION TO R-4970 IS OBTAINED.**

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Jon-Bob	Well No. 1	Pool Name, Including Formation Corbin Abo Undesignated	Kind of Lease State, Federal or Fee Fed.	Lease No. LC-05840
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>17-S</u> Range <u>32-E</u> , 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>A</u> Sec. <u>35</u> Twp. <u>17-S</u> Rge. <u>32-E</u>	Is gas actually connected? <u>No</u> When <u>30 - 60 days</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 <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 <u>2/9/75</u>	Date Compl. Ready to Prod. <u>4/4/75</u>	Total Depth <u>8880'</u>	P.B.T.D. <u>8679'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3952 GR</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>8493'</u>	Tubing Depth <u>8451'</u>					
Perforations <u>8493'-8517' = 13 holes, 8525'-8532' = 5 hs., 8546'-8552' = 4 hs.</u>			Depth Casing Shoe <u>8711'</u>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2</u>	<u>13 3/8</u>	<u>330</u>	<u>300 sx circ.</u>					
<u>11</u>	<u>8 5/8</u>	<u>4400</u>	<u>650 sx</u>					
<u>7 7/8</u>	<u>4 1/2</u>	<u>8711</u>	<u>250 sx</u>					
<u>4 1/2</u>	<u>2 3/8</u>	<u>8451</u>	<u>Pkr</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 <u>4/4/75</u>	Date of Test <u>4/5/75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>0 - 150</u>	Casing Pressure <u>0 - Pkr</u>	Choke Size <u>28/64</u>
Actual Prod. During Test <u>156 BBls</u>	Oil-Bbls. <u>156</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>93.6</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 M. West  
(Signature)  
Asst. Sec.  
(Title)  
4-9-75  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 1975

BY John M. West

TITLE Asst. Sec.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviated 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 name or number, or transporter, or other such change of condition.

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

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APR 11 1973

U.S. CONSERVATION COMMISSION  
WASHINGTON, D. C.



KE 2TH D. REYNOLDS - ARTESIA  
LESLIE K. EVERTSON - ROSWELL

**DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS**

P. O. Box 2055 ROSWELL, NEW MEXICO 88201  
TELEPHONES: ARTESIA 746-6757  
ROSWELL 623-5070

March 25, 1975

Western Oil Producers  
P. O. Box 2055  
Roswell, New Mexico 88201

Re: Jon Bob #1

Gentlemen:

The following is a Deviation Survey of the above well:

300' - 1/2	6180' - 3 3/4
610' - 1	6583' - 4
1100' - 3/4	6865' - 4
1598' - 1	7064' - 4 1/2
2000' - 1 1/4	7259' - 4 3/4
2375' - 1 3/4	7475' - 4 3/4
2798' - 2 3/4	7505' - 4 1/4
3243' - 2 1/2	7640' - 4 3/4
3645' - 2 1/2	7808' - 5 3/4
4094' - 2	7989' - 5 1/4
4400' - 3	8074' - 5 1/2
4845' - 2 3/4	8113' - 5 1/2
5120' - 4	8267' - 4 3/4
5407' - 5	8495' - 4 1/2
5686' - 4 1/4	8880' - 2 3/4

Bottom of hole is 329.93' at an azimuth of 341.79' North 18.21' West.

Yours very truly,

WEK DRILLING CO., INC.

  
Kenneth D. Reynolds

STATE OF NEW MEXICO )  
                                  )  
COUNTY OF CHAVES    )

The foregoing was acknowledged before me this 25<sup>th</sup>  
day of MARCH, 1975, by Kenneth D. Reynolds.

  
Notary Public

My Commission Expires:

11-33-75

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APR 11 1975

CIL CONSERVATION COMM.  
HOBS, N. M.