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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 88201		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Check proper box) LEASED GAS MUST NOT BE PLACED IN POOL UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	
Recompletion <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

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 Union State	Well No. #1	Pool Name, Including Formation 71	Kind of Lease State, Federal or Fee State	Lease No. K 6725
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 32 Township 16S Range 33E , 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) Drawer 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Probably Conoco	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 E	Sec. 32	Twp. 16S	Rge. 33E	Is gas actually connected? No	When Approx. 20-30 days

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/9/76	Date Compl. Ready to Prod. 8/10/76	Total Depth 11,950		P.B.T.D. 11,705					
Elevations (DF, RKB, RT, CR, etc.) 4224.6 GR	Name of Producing Formation Penn. Seaman	Top Oil/Gas Pay 11,509		Tubing Depth 11,462					
Perforations 11,509 to 11,533 w/2-.43 shots/ft.		Depth Casing Shoe 11,767							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		965		700 sx. circ.				
11	8 5/8		4,430		250 sx. circ.				
7 7/8	5 1/2		11,767		450 sx. circ.				

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 8/10/76	Date of Test 8/11/76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 230	Casing Pressure 0	Choke Size 10/64"
Actual Prod. During Test 100 bbls.	Oil-Bbls. 35 100	Water-Bbls. 0	Gas-MCF 900-1

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.

Arnold Kent Kirk
(Signature)
Asst. Superintendent
(Title)
8/12/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY George Smith
TITLE Secretary

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.