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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-110
Effective 1-1-65

Operator Western Oil Producers, Inc.	
Address P.O. Box 1498 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) New Well <input 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"/>	
Other (Please explain)	

If change of ownership give name
and address of previous owner

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

R-5626

DESCRIPTION OF WELL AND LEASE

Lease Name Union State	Well No. 2	Pool Name, Including Formation 1/2	Kind of Lease State, Federal or Fee State	Lease No. K-6725
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 29 Township 16-S Range 33E , NMPM, Lea County				

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 Producing Co.	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input 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) Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 16	Rge. 33	Is gas actually connected? 1-43 shot/ft.	When 1/1/77

If this production is commingled with that from any other lease or pool, give commingling order number:

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 checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded Jan. 14, 1977	Date Compl. Ready to Prod. Aug. 27, 1977		Total Depth 13,751		P.B.T.D. 10,841			
Elevations (DF, RKB, RT, GR, etc.) 4222 GR.	Name of Producing Formation Penn Kennitz		Top Oil/Gas Pay 10,702		Tubing Depth 10,529			
Perforations 10,702-6, 10,740-43, 10,749-60, 10,772-77 Total 27 holes.					Depth Casing Shoe 13,751			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		985		600			
12 1/4	9 5/8		4390		250			
8 3/4	5 1/2		13,751		1425			

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)

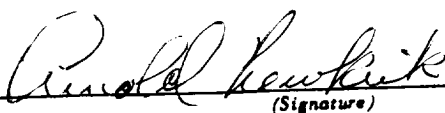
Date First New Oil Run To Tanks Aug. 27, 1977	Date of Test Aug. 27, 1977	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0 Pkr.	Choke Size -----
Actual Prod. During Test 133 bbls.	Oil-Bbls. 133	Water-Bbls. 0	Gas-MCF 260

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

Supt.

(Title)

November 21, 1977

(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.

100-443887
JAN 17 1967
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