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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

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

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Union State	Well No. 2	Pool Name, including Formation <i>Malgamer Marrow Gas R-5754</i> Undesignated Marrow Penn.	Kind of Lease State, Federal or Fee	State State	Lease No. K-6725
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>16-S</u> Range <u>33-e</u> , NMPM, <u>Lea</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
Navajo Crude Oil Purchasing Co.						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Continental Oil Co. Houston, Texas Box 236, Midland, Texas					
Natural Gas Pipeline Co. of America						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 29	Twp. 16	Pge. 33	Is gas actually connected? Yes	When 4/12/77

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

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1/14/77	Date Compl. Ready to Prod. 4/12/77		Total Depth 13,751		P.B.T.D. 13,679			
Elevations (DF, RKB, RT, GR, etc.) GR, 4222	Name of Producing Formation Morrow Penn.		Top Oil/Gas Pay 13,652		Tubing Depth 13,515			
Perforations 13,652 to 13,662 2-.38 shots/ft. 20 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			

I. 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)

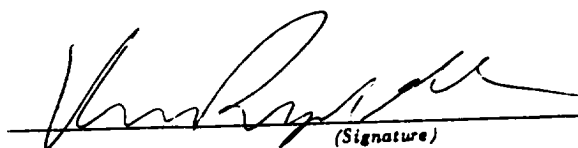
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1800	Length of Test 5 hrs.	Bbls. Condensate/MMCF 49	Gravity of Condensate 60.0
Testing Method (pitot, back pr.) Back Press.	Tubing Pressure (shut-in) 4550	Casing Pressure (shut-in) 0 - PKR.	Choke Size 12/64

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.


(Signature)

Supt.


(Title)

4/12/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19__

BY 
TITLE SUPERVISOR DISTRICT I

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.

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APR 13 1977

JNL COMM. INTEL. DIV.
NOBB, H. H.