

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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 1498 Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other ( )
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/3/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>
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"/>	

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.

DESCRIPTION OF WELL AND LEASE

Lease Name Union State	Well No. 3	Pool Name, including Formation Kemnitz Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. K-6725
Location Unit Letter G : 1980 Feet From The North Line and 1280 Feet From The East Line of Section 32 Township 16S Range 33E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Prod. Co.	Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Continental Oil Co.	Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit G	Set. 32	Twp. 16S	Range. 33E	Is gas actually connected? No	When Approx

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 checked="" 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 12-21-77	Date Compl. Ready to Prod. 3-3-78		Total Depth 13,700		P.B.T.D. 10,910			
Elevations (DF, RKB, RT, GR, etc., Gr. 4222	Name of Producing Formation Kemnitz Wolfcamp		Top Oil/Gas Pay 10,671'		Tubing Depth 10,615			
Iterations 10,671, 10,673, 10,677, 10,679, 10,762, 10,764, 10,769, 10,771, 10,793, 10,795, 10,798, 10,800 W/1-.42 shot/ft. (Total 12 holes)					Depth Casing Shoe 10,951			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	1004	400
11 1/2	8 5/8	4421	250
7 7/8	5 1/2	10,951	350
5 1/2	2 3/8	10,615	---

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 3-3-78	Date of Test 3-5-78	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 0	Choke Size 1/2
Actual Prod. During Test 330	Oil-Bbls. 330	Water-Bbls. 0	Gas-MCF 240

GAS WELL


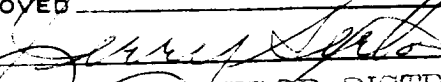
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)  
March 6, 1978  
(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.

RECEIVED

MAR 10 1978

OIL CONSERVATION COMM.  
JOHN, N. M.

RECEIVED

MAR 10 1978

OIL CONSERVATION COMM.  
HOBBS, N. M.