

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Sol West III	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	EXTRACTED GAS MUST NOT BE PLACED IN OIL UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tommy Gallagher	Well No. 1	Pool Name, Including Formation Towsend Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E : 2628 Feet From The North Line and 330 Feet From The West Line of Section 2 Township 16S Range 35E , 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) Box 175, Artesia, NM, 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 26
	Twp. 16S	Rge. 35E
	Is gas actually connected? NO When	

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

V. 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't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 1/16/81	Date Compl. Ready to Prod. 3/19/81		Total Depth 10,650		P.B.T.D. 10,608			
Elevations (DF, RKB, RT, GR, etc.) 3998.8 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,259		Tubing Depth 10,156			
Perforations 10,259-10,280					Depth Casing Shoe 10,650			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		450		500			
11	8 5/8		4650		1700			
7 7/8	4 1/2		10650		750			
	2 3/8		10156					

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 oil able for this depth or be for full 24 hours)

Date First Test - Oil Run To Tanks 3/19/81	Date of Test 3/25/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 15 Hrs.	Tubing Pressure 350#	Casing Pressure Pkr	Choke Size 18/64
Actual Prod. During Test 168	Oil-Bbls. 105	Water-Bbls. 12	Gas-MCF 84

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

COPIES BY DONNA HOLLYN

(Signature)

Agent

(Title)

3/31/81

(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 1 1981**
BY **Lasho H. Clements**
OIL & GAS INSPECTOR
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 Form C-104 must be filed for each pool in multiple completed wells.