Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Westbrook Oil Corporation 30-025-03978 Address P.O. Box 2264 Hobbs, NM 88241-2264 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil ☐ Dry Gas Effective December 1, 1993 Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator V. H. Westbrook PO box 2264 Hobbs, NM 88240 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation State of New Mexico Kind of Lease Lease No. B-2317 Arkansas Junction SA West State, Federal or Fee Location 990 Unit Letter North Line and _ 1650 Feet From The Feet From The 29 18S Section 36E Township Range Lea NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) ٦ Navajo Refining Company <u>P.O. Box 159 - Artesia, NM</u> 88211-0159 Name of Authorized Transporter of Casinghead Gas Warren Petroleum Company or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - Tulsa, OK If well produces oil or liquids, Twp. | Rg | 18S | 36E Unit Rge. Is gas actually connected? When? give location of tanks. 29 В May 12, 1980 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) Plug Back Same Res'v Date Spudded Date Compl. Ready to Prod P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT 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 Tank 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved DEC 0 7 1993 ORIGINAL SIGNED BY JERRY SEXTON Signature DISTRICT ! SUPERVISOR Vice-President Printed Name 505-39714

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

11/12/93

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.