NO. OF COPIES RECEIVED								
DISTRIBUTION	HEW MERICO OIL (UNISERVATION COMMISSION	Form C-104					
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104					
U.S.G.S.		AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE	AUTHORIZATION TO TR							
IRANSPORTER OIL								
GAS								
OPERATOR								
PRORATION OFFICE								
V. H. Westbrook								
Address								
P.O. Box 2264, Hobbs								
Reason(s) for filing (Check proper New Well	Change in Transporter of:	Other (Please explain)	6					
Recompletion	Oil Dry G		f connection of gas li					
Change in Ownership	Casinghead Gas Conde	nsate						
If change of ownership give nam	18							
and address of previous owner _								
DESCRIPTION OF WELL AN	ND LEASF. Well No., Pool Name, Including F	Constition Kind of L	ease Lea					
State of New Mexico	1 <u>W. Arkansas Jc</u>	t. San Andres	deral or Fee State B 2					
Location			<u>~~</u> , <u>~</u>					
Unit Letter B ;;	990 Feet From The North Li	16 and1650 Feet 7r	om The <u>East</u>					
1 (ma of Contras - 20)	Township 10 C							
Line of Section 29	Township 18 S House 3	<u> 6 Е , NMPM, Lea</u>	a(
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	IS						
Name of Authorized Transporter of	Oil X or Condensate	Address (Give address to which ap	pproved copy of this form is to be see					
Southern Union Refin	ling Co. Casinghead Gas X or Diy Gus	P.O. Box 980, Hobbs,	NM 88240					
Warren Petroleum Cor								
	Unit Sen. Twp. Rge.	P.O. Box 1589, Tulsa is gas actually connected?	UK 74102 When					
If well produces cil or liquids, give location of tanks.	B 29 18S 36E	Yes	5-12-80					
	with that from any other lease or pool,							
Date Spudded 10–29–79	Date Compl. Ready to Prod.		р.в.т.d. <u>5555'</u>					
Elevations (DF, RKB, RT, GR, etc	11-1-79 Name of Producing Formation	Fop Off/Gas Pay	Tubing Depth					
3836 GL	San Andres	5499'	5530 ¹ Depth Casing Shoe					
Perforations 5499 - 5509								
	TUBING, CASING, ANI	D CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17"	13 3/8"	319!	350-sks					
12 1/4"	13 3/8" 9 5/8" 5 1/2 liner	4759	2066 sks					
8 3/4"	5 1/2 11ner	4670° to 5632°	290_sks					
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed to					
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, ga						
Date First New Oil Run To Tanks			3 11/1, etc.)					
Nov. 1, 1979	Nov. 5, 1979 Tubing Pressure	Pump Casing Pressure	Choke Size					
24 hrs.		10 #						
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF					
45 Bbls.	43 Bbls.	1.5 Bb1s.	41					
GAS WELL	Length of Test	Bbls. Conder.sate/htMCF	Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	CATION COMMISSION					
	- descriptions of the Oil Congenuation	APPROVED 11N 1 2 1980						
Commission have been complie	nd regulations of the Oil Conservation d with and that the information given	Orig. Signed by						
above is true and complete to	the best of my knowledge and belief.							
		TITLE Geologist						
A. I CA	2 d	This form is to be filed in compliance with RULE 1104.						
_ (pariel 2. V	noour	I wall this form must be accor	lowable for a newly drilled or do npanied by a tabulation of the do					
all dillion 1	VICINCODA 2	well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.						
Operator (ffll)	(Title)	All sections of this form able on new and recompleted	must be filled out completely for wells.					
June 10, 1980	······································	Eill out only Sections I	IT III, and VI for changes of					
<u>June 10, 1900</u>	(Date)	well name or number, or trans	porter, or other such change of co					
		Separate Forms C-104 m	nust be filed for each pool in a					

1	well nam	is or	number,	or train	apoint	, 0.	0					••••
	Sep	arate	Forms	C-104	must	be	filed	for	each	pool	in	multiply