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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I.

Operator V. H. Westbrook		
Address P. O. Box 2264, Hobbs, NM 88240		
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 type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	5/11/80 NOT RECORDED TO BE RECORDED
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State of New Mexico 'W'	Well No. 2	Pool Name, including Formation W. Arkansas Jct. S.A. R6328	Kind of Lease State, Federal or Fee	Lease No. L4236
Location Unit Letter <u>D</u> : 660 Feet From The <u>North</u> Line and 660 Feet From The <u>West</u> Line of Section <u>28</u> Township <u>18S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> Southern Union Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 980, Hobbs, NM 88240					
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) P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 28	Twp. 18S	Rge. 36E	Is gas actually connected? No	When 60 days

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/28/79	Date Compl. Ready to Prod. 2/29/80	Total Depth 5670		P.B.T.D. 5620'					
Elevations (DF, RKB, RT, GR, etc.) 3830 RT	Name of Producing Formation San Andres	Top Oil/Gas Pay 5320		Tubing Depth 5500					
Perforations 5320 thru 5326 2 shts. per foot		Depth Casing Shoe 5672							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		1876'		925 sks.				
7 7/8"	4 1/2"		5670'		275 sks.				
	2 3/8"		5500						

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 Tanks 3-1-80	Date of Test 3-10-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 10#	Casing Pressure 10#	Choke Size NA
Actual Prod. During Test 10 bbls.	Oil-Bbls. 8	Water-Bbls. 2	Gas-MCF TSTM

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

VI. 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.

V. H. Westbrook
(Signature)
Operator
(Title)
March 18, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Supervisor
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 Forms C-104 must be filed for each pool in multiply