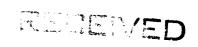
NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
IRANSFORTER	GAS			
OPERATOR				
PRORATION OFFICE				

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS		
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator					
	V. H. Westbrook					
	P. O. Box 2264, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well Change in Transporter of:					
	Recompletion Change in Ownership X	Oil . Dry Go Casinghead Gas . Conder				
	and address of previous owner	M & W Operating Company,	, Box 922, Lovington, N	ew Mexico 88260		
H.	Lease Name	Well No. Pool Name, Including F	Formation Kind of Lea	se Lease No.		
	State G-36	1 Vacuum		ral or Fee State E-05143002		
	Unit Letter L ; 66	Feet From The West Lin	ne and 1980 Feet From	The South		
			35E , NMPM,	Lea County		
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)		
	Mobil Oil Corporation		Box 900, Dallas, Tex			
	Name of Authorized Transporter of Ca None		Address (Give address to which appr	oved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 36 178 35E	Is gas actually connected? WO	hen		
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	1		
a v .	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	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 F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-		
•	TEST DATA AND REQUEST FOR ALLOWABLE (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 Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Date Filst New Oil Way 10 1 duks	Date of Test	Producing Method (Prow, pamp, gas			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF		
	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 COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
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.		APPROVED				
		BY				
			TITLE			
December 3, 1974			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.			
						(Date)

well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply



1775 F 1774

UIL CONSERVATING COMM.
HOBBS, N. M.