

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Western Oil Producers, Inc.

Address

PO Box 1498, Roswell, NM 88201

Person(s) for filing (Check proper box)

Oil Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☒

Dry Gas ☐
Condensate ☐

Other (Please explain)

no gas transporter designated on original
C-104

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State MTS	1	Scharb <i>Boke Springs</i>	State, Federal or Fee State	LG740
Location	Unit Letter	Feet From The	Line and	Feet From The
	0	554	South	2086
	Line of Section	Township	Range	County
	4	19S	35E	10M

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)
<i>Warren Petroleum Company</i>	<i>PO Box 1598, Tulsa, Oklahoma 74102</i>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<i>Warren Petroleum Company</i>	<i>PO Box 1598, Tulsa, Oklahoma 74102</i>
Is gas actually connected?	When
Yes	12/6/82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rea'tv.	Diff. P.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Revisions (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Revisions			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pistol, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

Arnold Newkirk

Arnold Newkirk

(Signature)

Agent

(Title)

2/4/83

(Date)

OIL CONSERVATION DIVISION

FEB 8 1983

APPROVED

BY *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT I 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 deeper
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
wells 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 multi-
completed wells.

RECEIVED

FEB 7 1983

**O.C.D.
HOBBS OFFICE**