

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Western Oil Producers, Inc.
Address
PO Box 1498, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State MTS	Well No. 4	Pool Name, Including Formation Bone Springs	Kind of Lease State, Federal or Fee State	Lease LG 740
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East Line of Section 4 Township 19S Range 35E NMPM Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) PO Drawer 175 Artesia, New Mexico 8821				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1598 Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 4	Twp. 19S	Rge. 35E	Is gas actually connected? When

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 ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug back ☐	Same as No. 1 ☐	Drill ☐
Date Spudded 11-19-83	Date Compl. Ready to Prod.		Total Depth 10,725		P.B.T.D. 10,683			
Elevations (DI, RKB, RT, GR, etc.) 3888.9 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9490'		Tubing Depth 9666'			
Perforations 90 perforations size .43 9490-9510, 9512-9511 9516-9519, 9548-9612 (1 per foot)				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		296		350 SX			
11	8 5/8		3550		1300 SX			
7 7/8	5 1/2		10725		600 SX			
	2 7/8		9666		0			

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 able for this depth or be for full 24 hours)

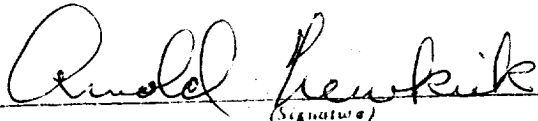
Date First New Oil Run To Tanks 1/1/84	Date of Test 2/6/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 260	Casing Pressure Packer set	Choke Size 24/64
Actual Prod. During Test 400 bbls.	Oil-Bbls. 400	Water-Bbls. -0-	Gas-MCF 140

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. 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.


(Signature)

Agent
(Title)

2/27/84
(Date)

OIL CONSERVATION DIVISION

FEB 29 1984

APPROVED _____, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate 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 well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in both recompleted wells.

RECEIVED
FEB 28 1984
O.C.D.
HOBBS OFFICE