NO. OF COPIES RECE	IVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.\$.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

DISTRIBUTION SANTA FE	-	ONSERVATION COMMILLION	Form C-104 Supersedes Old C-104 and C-110	
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65			
U.S.G.S.	ALITHOPIZATION TO TOA	NSPORT OIL AND NATURAL G	iAS	
LAND OFFICE	_ AUTHORIZATION TO TRA	NO ON TOTE AND INTONNE O		
OIL				
TRANSPORTER GAS				
OPERATOR	7			
PRORATION OFFICE				
Operator	_			
Western Oil Produce	rs, Inc.			
Address	. 11 Na. Maraila 00001			
	mell, New Mexico 88201	Other (Please explain)		
Reason(s) for filing (Check proper bo.	Change in Transporter of:	Sind (Freder cupient)		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Oil Dry Ga	s 🗂		
Recompletion Change in Ownership	Casinghead Gas Conden	77		
Chunge in Ownership				
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including Fo	ormation R-8/49 Kind of Lease		
Fee KJ	1 SchandQueen Samo	15 1/20 3-/-86 State, Federa	il or F ee Fee	
Location				
Unit Letter N ; 66	Feet From The South Lin	e and 1980 Feet From	The West	
Our Ferrer				
Line of Section 3 T	ownship 19S Range	35E , nmpm,	Lea County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	wed copy of this form is to be sent)	
Name of Authorized Transporter of C		17201000 Othe maners to mister appro-		
	N/A Gasinghead Gas [X] or Dry Gas	Address (Give address to which appro	wed copy of this form is to be sent)	
Name of Authorized Transporter of C				
Phillips Petroleum	Company Unit Sec. Twp. Rge.	430 H S&L Bldg, Bartle's Is gas actually connected?	ville, Uklanoma 14004	
If well produces oil or liquids,	1			
give location of tanks.	vith that from any other lease or pool,	no	N/A	
Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7/23/83	8/28/83	11,143	4625	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3853.4 GR	Queen Sands	4614	4625 Depth Casing Shoe	
Perforations / ' //	4204			
F1314	720	D CENENTING SECOND	10.768	
		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	445	650 sx.	
17 1/2		4150	1300	
12 1/4	9 5/8	10.768	1250	
8 3/4	2 244	4625		
	2 3/4	after account of each value of land of	l and must be equal to or exceed ton alle	
	FOR ALLOWABLE (Test must be able for this d			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Para I was then On their to the				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			- Law MCD	
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas - MCF	
1				
GAS WELL		Table Condenses Ander	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	NT /A	
10/14/85 Testing Method (pitot, back pr.)	24 hrs.	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	packer set	24/64	
	120 psi	packer set	ATION COMMISSION	
. CERTIFICATE OF COMPLIA	ÍNCE	OIL CONSERV	19 0 1026	
		JAN	1 & J 1300 19	
I hereby certify that the rules a	nd regulations of the Oil Conservation	OIL CONSERVATION COMMISSION JAN 2 9 1986 APPROVED Badie W. Seay		
	on have been complied with and that the information given true and complete to the best of my knowledge and belief.		Gera inspector	
above is true and complete to	rue dest of mit whomseas and some.			
		TITLE		
_ lenotel he	hh	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 devi		
1 el del 40.	u Ku K			
LEVEL /CE	ignature)	well, this form must be accom- tests taken on the well in acc	veried un m (mumerion of res attent	
		I same taken on the Well In ACC	must be filled out completely for all	
Agent	(Title)	able on new and recompleted	Wells.	
10/25/85			II, III, and VI for changes of own orten or other such change of conditi	
		Il is a sumber or transp	Offer of Diner Buch Change of Contain	

(Date)

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 completed wells.

RECEIVED

OCT 118 1985

O.C.D. HOSES OFFICE