

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator WESTERN RESERVES OIL COMPANY INC.	Well API No. 30 025 31170
Address P. O. BOX 993, MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-21-91
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name NADINE "25"	Well No. 1	Pool Name, Including Formation NADINE DRINKARD ABO	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter K	: 1980	Feet From The SOUTH	Line and 1980	Feet From The EAST
Section 25	Township 19 SOUTH	Range 38 EAST	LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)
SUN REFINING & MARKERING CO.	2415 EAST HWY 80, MIDLAND, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS 66 NATURAL GAS COMPANY	4001 PENBROOK, ODESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	K 25 19S 38E NO APPROX 6/15/91

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 2-24-91	Date Compl. Ready to Prod. 5-17-91	Total Depth 9850	P.B.T.D. 7671					
Elevations (DF, RKB, RT, GR, etc.) 3597 RKB	Name of Producing Formation DRINKARD/ABO	Top Oil/Gas Pay 7062'	Tubing Depth 7663'					
Perforations 7062' - 7636'	Depth Casing Shoe 7707'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	445'	475					
11"	8 5/8"	4375'	1600					
7 7/8"	5 1/2"	7707'	1160					

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.)

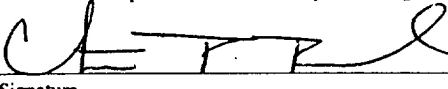
Date First New Oil Run To Tank 5-21-91	Date of Test 5/26/91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure NA	Casing Pressure 22PSI	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 20	Gas- MCF 62

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. OPERATOR 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
CHRISTOPHER P. RENAUD ENGINEER

Printed Name
5/28/91 Title
(915) 683-5533
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 30 1991

By Paul Kautz
Orig. Signed by
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
MAY 29 1991
HONOLULU

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