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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.	REQ	UEST FO	OR A	ALLO	WAE T OIL	BLE AND A	AUTHORI	ZATION				
Operator Westbrook Oil	Сопроп					Well API No. 30-025-10731					21	
Address P.O. Box 2264	- Hol	bbs. NM	1 8	8241	-220	64			30-0			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Oil Casinghe	Change in	Transp Dry C	porter o Gas ensate	of:	E f f	es (Please expl ective D	ecember 	1, 1993			
and address of previous operator			<u>k -</u>	PO	Box	2264 - H	Hobbs, N	M 8824	0			
II. DESCRIPTION OF WELL AND LEASE Lease Name Stevens B-15 Well No. Pool Name, Includi 2 Jalmat Tan (Pro Gas)						-	tes 7-Ru		of Lease No. Federal or Fee LC-030556 (b)			
Unit Letter K	_ :	1650				South Lin	and 16	50 E	et From The	West	• .	
Section 15 Townsh		·	Range	e	36	SE , NI	мрм,	Lea	er Flohi The	W 03/c	Line County	
III. DESIGNATION OF TRA! Name of Authorized Transporter of Oil	VSPORTE	or Conden	IL A	ND N	ATU	RAL GAS		-				
] 	Address (Giv	e address to wi	hich approved	copy of this for	n is to be se	ent)	
GPM Gas Corporation If well produces oil or liquids,	Vell produces oil or liquide					P.O. BO	0x 5050	rich approved - Bartle	copy of this form is to be sent) 2SVILLE, OK 74005			
give location of tanks.	i	i	Twp.	i		Is gas actually	lox	When	en? August 20, 1989			
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, g	ive con	nmingl	ing order numb	er:					
Designate Type of Completion		Oil Well	i	Gas W	Veli	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth		J	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	Pay		Tubing Depth					
Perforations									Depth Casing Shoe			
HOLE SIZE	7	TUBING,	CAS	ING A	AND	CEMENTIN	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SA	CKS CEM	ENT		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE									
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te	otal volume	of load	oil and	d must	be equal to or	exceed top allo	nwable for this	depth or be for	full 24 how	·s.)	
	Date of 1e	. 83.				Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pro	essure			-	Casing Pressu	ге	-	Choke Size			
Actual Prod. During Test	Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D Length of Test					Bbls. Condens	ate/MMCF		Gravity of Condensate				
Tubing Pressure (Shut-in)			Casing Pressu	re (Shut-in)	-	Choke Size						
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the that the info knowledge a	Oil Conserv	zation						ATION D	IVISIC	N	
Signature V.H. Westbr		Vice-P			<u>t</u>	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Date 11/12/93	- · - · - · - · - · - · - · · - · · · ·	505-39 Teles	phone 1	•		Title_	·		7130	n 		

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.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

I.	REQUEST TO T	FOR A	ALLOWA PORT O	BLE AND	AUTHORI TURAL G	ZATION AS				
Operator V. H. Westbrook						Well A	API No. 025-1073100S1			
Address P. O. Box 2264	Нов	bs, N	New Mexi	ico 8824	10				7.	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator	Chang Oil Casinghead Gas	Dry Con	densate		her (Please explored		Many Have	660	4.0	
L. DESCRIPTION OF WELL A				ding Formation			New Mexi			
Stevens B-15	2	7	Jalmat-S	/ates-7-R	livers		of Lease Federal or Fee	LC-030	se No. 0556 (b)	
Unit LetterK	: 1650	Feet	From The _	South Li	ne and16.	5 <i>0</i> Fe	et From The	West	Line	
Section 15 Township	235	Ran	ge 36	δE ,N	IMPM,	Lea			County	
III. DESIGNATION OF TRANS	SPORTER OF	OIL A	ND NAT							
Name of Authorized Transporter of Oil		idensate			we address to wi	hich approved	copy of this for	m is to be sent	1)	
Name of Authorized Transporter of Casing Phillips 66 Nat	1. Ga GPM	Gas (orporati	Address (Gi	ve address to who	hich approved	copy of this for	m is to be sens	r)	
If well produces oil or liquids, give location of tanks.	Unit EFFECT	VEI.TE∳	privary.	d. Il gas actual	ly connected?	When	?	<u> </u>		
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease	or pool,	give commin	gling order nun	yes		8/	20/89		
Designate Type of Completion -		i	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	y to Prod	l.	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						
HOLE SIZE	TUBIN	IG, CA	SING ANI	CEMENT	NG RECOR	D	1			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SA	CKS CEME	TV	
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volu	ume of loc	ed oil and mu	st be equal to o	r exceed top allo lethod (Flow, pu	owible for this	depth or be for	full 24 hours	.)	
Length of Test						eryr, gas tyt, e				
	Tubing Pressure			Casing Press	aure		Choke Size			
Actual Prod. During Test	st Oil - Bbls.			Water - Bbls	L		Gas- MCF			
GAS WELL	<u> </u>				· · · · · · · · · · · · · · · · · · ·		<u> </u>			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	sure (Shut-in)	<u></u>	Choke Size			
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	ations of the Oil Con hat the information mowledge and belie	nservation given abo	a		OIL CON					
Signature V. H. Westbro	think of	Oner	ator	By_	258, (延續	<u>al 90%.</u>	YERRU YE C	SEXTON		
Printed Name 11/12/91	<u> </u>		9714	Title		. : : : : : : : :				

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Telephone No.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	T	OTRA	NSP	ORT OIL	AND NA	TURAL G			·			
Operator Charles W	V e m n						Well	API No.				
Charles W.	vemb				 							
1701 E. Hig	ghland		Hobl	os, NM								
Reason(s) for Filing (Check proper box)		Channe !e	Т	neter of	☐ Oth	er (Please expi	ain)					
New Well Recompletion	Oil	Change in	Transpo Dry G									
Change in Operator	Casinghead	_	Conde									
If change of operator give name			-									
and address of previous operator				 		- 						
II. DESCRIPTION OF WELL	AND LEA	SE Well No.	Davi N		- Formation		Vind	of Lease	1.4	sase No.		
Lease Name Stevens B-15	ng Formation ates=7	Rivers			Federal or Fee LC030556(I							
Location												
Unit Letter K	: 16	50'	Feet F	rom The	S Lin	e and16	50' F	et From The	W	Line		
CIV 0 15 m	2.2	c	D	36	E an	479.4	I a a			County		
SW4 Section 15 Townshi	p 23	<u> </u>	Range	30	E , Ni	MPM,	Lea	<u> </u>		County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	sale		Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nt)		
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas XX	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nt)		
Phillips 66 Nat	l gas				4001	Penbroo	k Od	essa,	Tx 797			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		y connected?	When	When? 8-20-89 8-24-89				
If this production is commingled with that	from easy other		nool mi		Yes	her:	1 0	20-09	0 2 / 3			
IV. COMPLETION DATA	nom any our	er lease or j	poor, gr	ve comming	ing order norm		***					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1			1	<u></u>	1	I				
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine Fo	mation)	Top Oil/Gas	Pay		Tubing Depth				
2101210111 (21) 1412 (11) 01 (11)	-	-	-									
Perforations					·			Depth Casir	ig Shoe			
		<u>-</u>										
					CEMENTI	NG RECO		T -	SACKS CEMENT			
HOLE SIZE	CAS	SING & TU	BING	SIZE		DEPTH SET		<u> </u>	SACKS CENII	ENI		
												
V. TEST DATA AND REQUES OIL WELL (Test must be after t					he equal to ou	e exceed top all	ountle for th	is denth of he	for full 24 hou	rs.)		
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		ој года	ou ana musi		ethod (Flow, p			jor jan 24 110a			
	3	-										
Length of Test	Tubing Pre	ssure			Casing Press	ure		Choke Size				
D. J.	011 701				Water - Bbis		_	Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bola	•						
GAS WELL					!			<u>, </u>				
Actual Prod. Test - MCF/D	Length of	Test .			Bbls. Conder	sate/MMCF		Gravity of	Condensate	 		
150	24 hrs				1	0-		NA				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					ure (Shut-in)		Choke Size				
Back Pressure	210				-	0-		1	1/2 11			
VI. OPERATOR CERTIFIC				NCE	\parallel	OIL CO	USERV	ATION	DIVISIO	N		
I hereby certify that the rules and regul Division have been complied with and	lations of the	Oil Conser	vation en abou	re.			TOLITY	CED	1 2 19	<u>19</u>		
is true and complete to the best of my	knowledge ar	nd belief.	on and	/	Date	Δnnrove	ad	JEF	T 0 100	-		
(14. 1) -1	11	<i>'</i> .	W	/	Dale	Approve	· ·					
Charles a	ID	M	//		Bu.		DRIGINAL	SIGNED P	/ IPS			
Signature Charles W K		// K-	era	tor	By DRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Charles W. K	emp	o p	Title	LUL	Title				A1208			
9-8-89	50		- 53		Title	·						
Date		Tele	phone	No.								

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Sign of the second

SEP 11 1989

OCD HOBBS OFFICE