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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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>	٦	TO TRAN	ISPORT OIL	AND	NATURAL G	12-A 1 1014 A.S.					
Operator (Iloutheach Oil					701101010	Well	API No.				
Westbrook Oil Address			 				30-0	25-1073	2		
P.O. Box 2264	- Hol	bbs, NM	88241-22	264							
Reason(s) for Filing (Check proper box) New Well	•				Other (Please expi	lain)					
Recompletion	Oil	Change in Tr	ransporter of:								
Change in Operator X	Casinghead		ondensate		Effective	. Vecemb	er 1, 19	93			
If change of operator give name and address of previous operator V .				264	- Hobbs, NM	88240					
•			70 00% 25		110000, 1411			· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL Lease Name	AND LEA		ool Name, Includi	F							
Stevens B-15					7-Rurs Que	on State,	of Lease Federal or Fee	LC-0	ease No. 30556 (b)		
Location		(Grayburg								
Unit LetterN	_ :6	60F	eet From The \underline{Sa}	outh	_ Line and	F	et From The	West	Line		
Section 15 Townshi	ip 235	S R	ange 3	36E	, NMPM,	1.	2a				
III DECIGNATION OF THE							<u> </u>		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condensat	AND NATU	RAL G	AS				_		
Conoco Inc	لــا	OI CONGCISM		P ()	Give address to w	hich approved - Danaa	copy of this fo	rm is to be s	eni)		
Name of Authorized Transporter of Casin	ghead Gas	or	Dry Gas	P.O. Box 1267 - Ponca City, OK 74602- Address (Give address to which approved copy of this form is to be sent,					2-1201		
GPM Gas Corporation If well produces oil or liquids,	I Their	<u> </u>		P.0.	. Box 5050	- Bartle	esville,	OK 74			
give location of tanks.	K	Unit Sec. Twp. Rge. K 15 23S 36E			Is gas actually connected? When						
If this production is commingled with that	from any other	er lease or poo	ol, give comming	ing order	yes number:	D HC - :		st 20,	1989		
IV. COMPLETION DATA		γ		γ— <u> </u>			4.7				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New 1	Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	Ready to Pr	rod.	Total D	epth	<u> </u>	P.B.T.D.		ــــــــــــــــــــــــــــــــــــــ		
Elevations (DF, RKB, RT, GR, etc.)	Nome of D						1.B.1.D.				
					Gas Pay		Tubing Depth				
Perforations	-1			<u> </u>			Depth Casing	Shoe			
					·			,			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEME							
		AITO & TOB	NG SIZE	DEPTH SET			SACKS CEMENT				
	 										
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	<u> </u>				 -			
OIL WELL (Test must be after r	ecovery of tol	al volume of l	load oil and must	be equal	to or exceed top allo	owable for thi	depth or be fo	or full 24 hou	ers.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	sure		Casing I	Pressure		Choke Size				
Actual Prod. During Tree							Short Bills				
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL				L							
Actual Prod. Test - MCF/D	Length of T	est		Bhis Co	ondensate/MMCF		To to				
				Dois. Condensate MIMICP			Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI OPEDATOR CERTIFIC	A TITE OF			ļ				- -			
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regulations of the rules are rules and regulations of the rules are rules are rules and regulations of the rules are rules	AIE OF	COMPLI Dil Conservati	LANCE		OII CON	ISERV	TION F	אואפור	NI.		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION DEC 07 1993							
is the and complete to the best of my i	mowledge and	d belief.		D	ate Approve	d	0 1 1993				
	Wille	and a									
Signature V.H. Westbrook Vice-President					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name	LOUK			DISTRICT I SUPERVISOR							
11/12/93 Date		505-393		T	itle			-			
Date		Telepho	one No.	11							

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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OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 DECLIECT FOR ALL OWARD - ..

I.	NEQU	TO TRA	UH AL NSP(LOWAI	BLE AND AND NA	AUTHOR	ZATION					
Operator Westbrook Oil Co	AND NATURAL GAS Well API No.											
Address	Westbrook Oil Corporation P.O. Box 2264 - Hobbs, NM 88241-2264						30-025-10732					
Reason(s) for Filing (Check proper box)	- Hobb	s, NM	882	41-2264 	‡ —————							
New Well		Change in	Tenno		☐ Ot	her (Please expi	lain)					
Recompletion	Oil		Dry Ga		F//	antina D	0.000	1 1000				
Change in Operator X	Casinghead	d Gas	Conden		- 0 0	ective D	ecember	1, 1993				
If change of operator give name and address of previous operator V .	H. Wes	tbrook	P(O Box 2	2264 - H	obbs, NM	88240					
II. DESCRIPTION OF WELL												
Lease Name		Well No.	Pool N	ame, Includ	ng Formation		Kind	of Lease	1	ease No.		
Stevens B-15 Location		3			isill Yt	7-Rurs		Federal or Fe		30556 (b)		
Unit LetterN	_ :6(60		Gas)	South Li	ne and 1	980 Fe	et From The				
Section 15 Townshi	p 23S	·	Range	36E			Lea	et rioni ine		Line		
III. DESIGNATION OF TRAN	(CDADTE)	D 07 0								County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURTE	or Conden	LL AN	D NATU	RAL GAS	110 addr	1.1.1					
					710000000	ve address to w	nich approved	copy of this f	orm is to be se	int)		
Name of Authorized Transporter of Casing GPM Gas Corporation	ghead Gas		or Dry	Gas	Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids	well produces oil or liquids.				P.O. B	<u>ox 5050 -</u>	<u>- Bartle</u>	sville.	OK 740			
give location of tanks.	ii		1	i	l v	ly connected?	When		st 20, 1	001		
If this production is commingled with that if IV. COMPLETION DATA	from any other	er lease or	pool, giv	e comming)	ing order nuri	iber:	DHC-7		32 20, 1	771		
		Oil Well		Sas Well) 	1	·					
Designate Type of Completion		i	i	MEH WELL	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.				Total Depth	· 	<u> </u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations					De				Pepth Casing Shoe			
		LIDBIC	CACD	10. 437								
HOLE SIZE CASING & TUBING, CASING AND				DEPTH SET								
	OAGING & TOBING SIZE					DEP IN SET	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT				
	 											
	 						- 					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume	of load o	il and must	be equal to or	exceed top allo	ovable for this	depth or be f	or full 24 how	rs.)		
	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pres	SUR			Casing Press	ure		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
GAS WELL	<u> </u>						· 					
Actual Prod. Test - MCF/D	Length of T	esi			Bbls. Conder	sate/MMCF		Gravity of C	Ondensate			
Testing Method (pitot, back pr.)	ting Method (viv. t. t.							Sister State Control of the Control				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE				<u> </u>				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.				DEC 07 1993								
Alle	11				Date	Approve	c					
Signature Visit West Signature					ORIGINAL SIGNED BY IN-							
V.H. Westbrook Vice-President					By DISTRICT I SUPERVISOR							
11/12/93		505-3		_	Title							
Date		Tele	phone No	о.]]				•			

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