

Submit 5 Copies  
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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator V. H. Westbrook	Well API No. 30-025-1073200S1
Address P. O. Box 2264 Hobbs, New Mexico 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Charles W. Kemp 1701 E. Highland Dr Hobbs, New Mexico 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stevens B-15	Well No. 3	Pool Name, Including Formation Langlie Mattix 7-Rvrs Queen	Kind of Lease State, Federal or Fee	Lease No. LC-030556 (b)
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 15 Township 23S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco Inc	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Midland, Texas 79702				
Name of Authorized Transporter of Casinghead Gas Phillips 66 GPM Gas Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Gdessa, Texas 79762				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 23S	Rge. 36E	Is gas actually connected? Yes	When? 8/20/89
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-743						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		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		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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 V. H. Westbrook Operator  
Printed Name 11/12/91 Title 393-9714  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1991  
By ORIGINAL SIGNED & USED BY SECTION  
OR RCT SUPERVISOR  
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.

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Operator <u>V. H. Westbrook</u>		Well API No. <u>30-025-1073200S1</u>
Address <u>P. O. Box 2264 Hobbs, New Mexico 88240</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective date <u>11/11/91</u> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>Charles W. Kemp 1701 E. Highland Dr Hobbs, New Mexico 88240</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Stevens B-15</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Jalmat</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC-030556 (b)</u>
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>23S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> <u>Conoco Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Nat Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook Odessa, Texas 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>15</u>	Twp. <u>23S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u>	When? <u>8/20/91</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

DHC-743

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Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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GAS WELL

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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.

V. H. Westbrook  
Signature  
V. H. Westbrook Operator  
Printed Name  
11/12/91 Title  
Date  
393-9714 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 22 1991  
By OWC DIVISION  
Title SUPERVISOR

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