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 e 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. V. H. Westbrook 30-025-1073200S1 Address P. O. Box 2264 Hobbs, New Mexico 88240 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas XChange in Operator 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 Pool Name, Including Formation
Langlie Mattix 7-Rurs Queen Lease Name Well No. Lease No. LC-030556 (b) Kind of Lease Stevens B-15 State, Federal or Fee Location 660 Feet From The South Line and 1980 West _ Feet From The 15 23S Township 36 E NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)
Midland, Texas 19702 Name of Authorized Transporter of Oil or Condensate XConoco Inc Name of Authorized Transpor GPM Gas Corporation Address (Give address to would go de sada when? or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips 66 Texas 79762 If well produces oil or liquids, give location of tanks. Twp. Rge. Is gas actually connected? Κ 15 | 23S | 36E Yes 8/20/89 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) 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 (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 Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved ____ By ORIGINAL GREENS STATE OF STATON Signature OR RICT I SUPERVISOR Н. <u>Westbrook</u> <u>Operator</u> Printed Name Title 393-9714 Title_ 11/12/91

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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 Santa Fe, New Mexico 87504-2088

DISTRICT III				
1000 Rio Brazos	Rd.	Aztec.	NM	87410

1000 Rio Brazos Rd., Aztec, NM 87410	DEO	LICOT	-OD 41								
I.	REQ	TOTE	ANCD!		BLE AND AUTHOR	IZATION					
Operator TO TRANSPORT OIL AND NATU						AL GAS Well API No.					
V. H. Westbrook						30-025-107320081					
P. O. Box 2264	4 н	obbs,	Now M	levica	88240						
Reason(s) for Filing (Check proper box)		0000,	TVEDO IV	iexcco	Other (Please exp	lain)					
New Well		Change i	n Transpo	orter of:							
Recompletion	Oil		Dry Ga		Effective date	2 11/11/	91				
If change of operator give name	Casinghe		Conden	isate			·				
and address of previous operator		es W.	Kemp	1701	E. Highland Dr	Hobbs	New Mex	ico 88:	240		
II. DESCRIPTION OF WELL	AND LE										
Lease Name Stevens B-15	;	Well No. Pool Name, Including Formation 3 Jalmat				of Lease	Lease No. LC-030556 (b)				
Location	,		<u> </u>	Jaconac		State,	Federal or Fee	LC-030	J556 (b)		
Unit LetterN	:	660	Feet Fr	om The _	South 19	08.0	(West			
Section 15 Townsh	in 23.	c			1200 800		et From The		Line		
Section 15 Townsh	ip 2.J.		Range	36E	, NMPM,	Lea	·		County		
III. DESIGNATION OF TRAN	SPORTI	ER OF C	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil Conoco Inc	X	or Conde	nsate		Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Carini and Carini				Midland, Texas 79702							
Phillips 66 Nat Gas			or Dry	GE	Address (Give address to w 4001 Penbrook	hich approved Odekka		n is to be sent 197 <i>6</i> 2)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		When		77702			
If this production is commingled with that	K K	15	<u>123S</u>	36E	Yes		8/20,	/91			
IV. COMPLETION DATA	nom any or	met tearse Of	r poot, giv	e comming	ling order number:	DHC-	- 743				
Designate Type of Completion	~	Oil Wel	ı c	Jas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res v		
Date Spudded		pl. Ready t			11	<u>i</u> _			Dill Res v		
<u>. </u>		ipi. Kemiy t	o riod.		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 S	hoe			
		TUBING	, CASIN	NG AND	CEMENTING RECOR	8D)	<u> </u>				
HOLE SIZE	CA	SING & T	UBING S	SIZE	DEPTH SET	SACKS CEMENT					
	 										
			 -								
V TECT DATA AND DECLINA								 -			
V. TEST DATA AND REQUES OIL WELL (Test must be often a	ST FOR A	ALLOW	ABLE								
Date First New Oil Run To Tank	Date of Te	est	oj ioaa o	u ana musi	be equal to or exceed top all Producing Method (Flow, p	owable for this	depth or be for	full 24 hours.)		
I and the					1000, p	wr.p., gas igi, e	uc.j				
Length of Test	Tubing Pressure			Casing Pressure	Choke Size						
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.		Water - Bbls.	Gas- MCF							
					Water - Bols.		Gas- MCF				
GAS WELL					·		<u>. </u>		J		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF		Gravity of Cond	densate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Cocine Description (f)									
			Casing Pressure (Shut-in)	Choke Size							
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	CE			L				
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation		OIL CON	ISERV	ATION DI	VISION	1		
Division have been complied with and is true and complete to the best of my	that the info knowledge a	mation giv nd belief.	en above								
	_				Date Approve	ed	NINE	لنونه ج			
- Vol Westle	1006	 _			D.			∘ ₹			
Signature V. H. Westbro	ook	Ċ	perat	oh	By Onco			YON			
Printed Name 11/12/91	:		Title		Title	* *	n Malalitêkî				
Date			93-97 ephone No		100-						
		• ===			11						

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