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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

NOV 26 10 25 AM '65
 O. C. C.

I. OPERATOR

WEK Drilling Company, Inc.

Address: **Box 2055, Roswell, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Existing Well	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Transporter	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		Gas	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Ollie I. Boyd	Well No.	1	Pool Name, including Formation	Drinkard	Kind of Lease	State, Federal or Fee	Fee
Location	Unit Letter N	990	Feet From The	South	Line and	2310	Feet From The	West
	Line of Section 23	Township	22	Range	37	County	Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)	Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum	Address (Give address to which approved copy of this form is to be sent)						
It well produces oil or liquids, give location of tanks.	Unit N	Sec. 23	Twp. 22	Rge. 37	Is gas actually connected?	No	When	Approx. 30 days

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	10/22/65	Date Compl. Ready to Prod.	11/20/65	Total Depth	6434'	P.B.T.D.	6430'	
Pool	Drinkard	Name of Producing Formation	Drinkard	Top Oil/Gas Pay	6250'	Tubing Depth	6220'	
Perforations	6250.5, 6278, 6284.5, 6316, 6338.5, 6351, 6357, 6360, 6370.5, 6375.5, 6391.5, 6404, 6410, 6416					Depth Casing Shoe	6434	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		1173'		350 SX			
7 7/8"	5 1/2"		6434'		750 SX			
5 1/2"	2 3/8" tubing		6220'					

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 Ran To Tanks	11/20/65	Date of Test	11/21/65	Producing Method (Flow, pump, gas lift, etc.)	Flow		
Length of Test	16 hrs.	Tubing Pressure	80 to 150 psi	Casing Pressure	350 psi	Choke Size	14/64
Actual Prod. During Test	59 bbls	Oil-Bbls.	53 bbls	Water-Bbls.	6 bbls	Gas-MCF	40 MCF/day

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION
 APPROVED **NOV 23 1965**, 19
 BY _____

[Signature]

 (Signature)

 (Title)
 11-21-65

 (Date)

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.