atmit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7.203	OTRA	NSPOR	TOIL	AND NA	TURAL G	IZATION AS				
Operator Westbrook O					-7110 147	HOHALG	Well	API No.	·		
Address P.O. Box 22	30-025-09606										
Reason(s) for Filing (Check proper box)		, N	W 0024	- 22							
New Well		Change in	Transporter	of:	U Ou	ner (Please exp	lain)				
Recompletion	Oil		Dry Gas	.	EΚ	fective 1	December	, 1 199	3		
Change in Operator	Casinghead	Gas 🗌	Condensate		U	000000	recambe.	L 1, 177	J		
If change of operator give name and address of previous operator	H. Wes	tbrook	- PO E	30x 2	264 - H	obbs, NM	88240	·			
II. DESCRIPTION OF WELL				20.70	11	0000, NM	00240				
Lease Name Well No. Book Name Value					ing Romatics						
Zattu Cushing		1				tes 7-Ru	State	of Lease Federal or Fe	l l	.ease No. -034076	
Location	٠,		(Pro C	Gas)						034070	
Unit LetterF	_ :23	10	Feet From 7	The	North Li	e and	1650 F	eet From The	West	Line	
Section 23 Townsh	ip 24S		Range	36E	,N	МРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	S OF O	II. AND N	וו זיידי א. [DAT CAC	TA					
Name of Authorized Transporter of Oil	\rightarrow	or Conden	isate	J JULIUJ	Address (Gi		hich approve	conv of this	form in to 1 -		
Navajo Refining Company						lawer 159	7 - Arto	sia NM	copy of this form is to be sent) ia, NM 88211-0159		
Name of Authorized Transporter of Casinghead Gas Sid Richardson Gasoline Company					Address (Gr	ve address to w	hich approved	CODY of this form is to be sent)			
If well produces oil or liquids.	 .	 ,	Twp. Rge.		201 Main Street - For		t - Fort	t Worth TX 76102			
give location of tanks.	i i		i i				Wher	1?			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or p	pool, give co	comingli	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas V	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			
	T	JBING	CASING	AND	CEMENT	NC DECOR					
HOLE SIZE	CAS	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							 				
		 -									
V. TEST DATA AND REQUE	ST FOR A	LLOWA	ABLE					<u> </u>			
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of tol	al volume	of load oil an	nd must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	ars.)	
Date First New Oil Rull 10 1ank	irst New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
CACMELL									·		
GAS WELL Actual Prod. Test - MCF/D	Janus - Em									<u></u> .	
= isk mori	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 CERTIFIC	ATEOE	CO) m	T TARY		l			<u> </u>		·	
I hereby certify that the rules and regul	ations of the (il Consen	vation	2	(OU CON	JSFRV	ATION	חועופור)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						
is true and complete to the best of my	knowledge and	belief.			Date	Approve	^{id} NFC	07 199	13		
AMI.	Letter	and a									
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name 11/12/93	oor		e-Presi	 .	Title						
Date			- 393-97 phone No.	14	1108						
		ı cıcl	paone No.		H						

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.

COD HUBSE