

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
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator V. H. Westbrook	Well API No. 30-025-25586
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 checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn A-12	Well No. 2	Pool Name, Including Formation Jalmat-Langley Matrix	Kind of Lease State, Federal or Fee	Lease No. LC-030467 (a)
Location Unit Letter D : 660 Feet From The North Line and 560 Feet From The West Line Section 12 Township 24S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	5/10/90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X	X	
Date Spudded 10/23/77	Date Compl. Ready to Prod.		Total Depth 3700'		P.B.T.D. 3430			
Elevations (DF, RKB, RT, GR, etc.) RT	Name of Producing Formation Jalmat Yates		Top Oil/Gas Pay 2938'		Tubing Depth 2870			
Perforations 2938-43, 2852-56, 2974-78, 3000-3009, 3042-44, 3055, 3104-3110, 3114-3121, 3178-80, 3222-30 with one shot ft					Depth Casing Shoe 3700'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		1220'		625 sks			
7-7/8"	5-1/2" 15.5#		3700'		1500 sks			

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 515	Length of Test 17.5 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 123.2#	Casing Pressure (Shut-in) 123.2#	Choke Size 1/2"

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
Title
Date
5/14/90 505 393-9714
Telephone No.

OIL CONSERVATION DIVISION

MAY 17 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

RECEIVED

MAY 15 1990

OCD
HOBBS OFFICE