Submit 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, Anesia, NM 88210

OIL CONSERVATION DIVISION

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

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

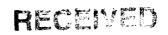
I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Westbrook Oil	Солоол	ation				Well	API No.			
Address	30-025-09724									
P.O. Box 2264	- Но	bbs, NM	88241-22 ———	64						
Reason(s) for Filing (Check proper box) New Well		Change in T	ransporter of:	Othe	er (Please explo	iin)				
Recompletion	Oii		ry Gas	F	octivo D	acamban	1, 1993			
Change in Operator X If change of operator give name	Casinghe		condensate							
and address of previous operator	. West	<u>brook -</u>	PO Box 22	64 - H	obbs, NM	88240				
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name Arnott Ramseu	Annott Dame ou !! A!! Well No. Pool Name, include				· · · · · · · · · · · · · · · · · · ·				ease No.	
Location		1 2]	<u>lalmat Tan</u>	<u>sill Yat</u>	es 7-Rur	State,	Federal or Fee	B-2	29	
Unit LetterB	_ :6	60	eet From The N	orth Lin	and 19	80 E	eet From The	East		
Section 2 Townshi	25S		ange 36E			r Lea	zet From The _		Line	
			auge_		ИРМ,	Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condensa	AND NATU	RAL GAS						
Texaco Trading & Trans	Texaco Trading & Transportation Company				Address (Give address to which approved copy of this form is to be sent) PO Box 5568, TA - Denver CO 80217-5568					
Name of Authorized Transporter of Casin Sid Richardson Gasolin	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	Unit Sec. Twp. Rge.			201 Mai	<u>n Street</u>	- Fort	Worth TX 76102			
give location of tanks.	cation of tanks. B 2 25S 36F					When	?			
If this production is commingled with that IV. COMPLETION DATA	from any oti	ner lease or po	ol, give commingi	ing order numb	per:	·				
		Oil Well	Gas Well	New Well	Workover	Deepen	Dive Peak	S D		
Designate Type of Completion Date Spudded		pl. Ready to P	<u> </u>	1		L	Plug Back	Same Kes v	Diff Res'v	
	Date Com	pi. Ready to P	rod.	Total Depth			P.B.T.D.		-1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			nation	Top Oil/Gas Pay			Tubing Depth			
Perforations										
							Depth Casing	Shoe		
HOLE SIZE	7	TUBING, C	ASING AND	CEMENTIN	NG RECOR	D				
THOSE OILE	CASING & TUBING SIZE			DEPTH SET			S	SACKS CEMENT		
								·		
	 									
V. TEST DATA AND REQUES OIL WELL Test must be after n	T FOR A	LLOWA	BLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-	1			
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Te	otal volume of	load oil and must	be equal to or	exceed top allo	wable for thi	s depth or be fo	r full 24 hour	·s.)	
	J			Producing Me	thod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
				20.2			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI OPERATOR CITY										
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE	ے ا	JII CON	SEDV	ATION		. N. I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my h	cnowledge a	nd belief.		Date	Approved	d _ DE	C 07 19	93		
1/4-1/	Inthe	of f								
Signature V.H. Westbrook Vice-President				By_	ORIGINAL	SIGNED (Y JERRY S	XTON		
Printed Name 11/10/02 Title				DISTRICT I SUPERVISOR						
Date		505-39 Teleph		Title						
		1 etebp	one No.	1]				•		

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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