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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

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JAN 24 1967

I. Operator **United States Smelting Refining and Mining Company**  
 Address **P. O. Box 1877, Midland, Texas 79701**  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of: Oil  Gas   
 Recompletion  Change in Ownership  Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<b>Westates Federal</b>	Well No.	<b>7</b>	Field Name, including Direction	<b>North Justis (Fusselman)</b>	Kind of Lease	State, Federal or Fee <b>Federal</b>
Location	Unit Letter <b>D</b> , <b>530</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b>	Line of Section <b>1</b> , Township <b>25-S</b> , Range <b>37-E</b> , NMPM, <b>Lea</b> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Shell Pipe Line Corporation</b>	Address (Give address to which approved copy of this form is to be sent)	<b>P. O. Box 1910, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent)	<b>P. O. Box 1384, Jal, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>E</b> , Sec. <b>1</b> , Twp. <b>25-S</b> , Rge. <b>37-E</b>	Is gas naturally connected? <b>Yes</b>	When

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Pool	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 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 Tanks	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	Bbls. Condensate/MMCF	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.

*B. J. Anderson*  
(Signature)

**Petroleum Engineer**  
(Title)

**3-20-67**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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.