

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-11
 Effective 1-1-65

| | | |
|------------------|-----|--|
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I. OPERATOR

Operator: Oil Development Company of Texas

Address: P. O. Box 12058, Amarillo, Tx 79101

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of Oil Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Ownership Other (Please explain): _____

If change of ownership give name and address of previous owner: Westates Petroleum Company, 811 W. 7th, Los Angeles, CA 90017

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|--------------------------|
| Lease Name <u>Carlson Federal B-25</u> | Well No. <u>2</u> | Pool Name, including Formation <u>Justice Blinebry</u> | Kind of Lease State, Federal or Fee <u>federal</u> | Lease No. <u>B-25</u> |
| Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u> | | | | |
| Line of Section <u>25</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas New Mexico Pipeline</u> | Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Tx 79701</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Tx 79978</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When <u>yes</u> <u>NA</u> |

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 type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input 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 | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, CR, etc.) | 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 (Shut-in) | Casing Pressure (Shut-in) | 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.

M. J. ...
 (Signature)
 Petroleum Engineer
 (Title)
 April 21, 1977
 (Date)

OIL CONSERVATION COMMISSION

APPROVED 27 1977, 19 _____

BY Jerry Sexton
 (Title) Supv.

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 only Sections I, II, III, and VI 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

RECEIVED

8-1-1917

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT