

OF COPIES RECEIVED		DISTRIBUTION		NTA FE		LE		S.G.S.		AND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE					
GAS																									
NEW MEXICO OIL CONSERVATION COMMISSION																									
REQUEST FOR ALLOWABLE																									
AND																									
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS																									
Operator Oil Development Company of Texas																									
Address P. O. Box 12058, Amarillo, Tx 79101																									
Reason(s) for filing (Check proper box)																		Other (Please explain)							
New Well <input type="checkbox"/>																		Change in Transporter of:							
Recompletion <input type="checkbox"/>																		Oil <input type="checkbox"/>				Dry Gas <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>																		Casinghead Gas <input type="checkbox"/>				Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner Westates Petroleum Company, 811 W. 7th, Los Angeles, CA 90017																									
DESCRIPTION OF WELL AND LEASE																									
Lease Name Carlson B-26						Well No. 5		Pool Name, including Formation Justice Blinbry						Kind of Lease State, Federal or Fee federal				Lease No. B-26							
Location Unit Letter I ; 2310 Feet From The south Line and 330 Feet From The east Line of Section 26 Township 25S Range 37E , NMPM Lea County																									
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																									
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline										Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Tx 79701															
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.										Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978															
If well produces oil or liquids, give location of tanks.										Unit		Sec.		Twp.		Rge.		Is gas actually connected? When yes NA							
If this production is commingled with that from any other lease or pool, give commingling order number:																									
COMPLETION DATA																									
Designate Type of Completion - (X)										Oil Well		Gas 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																				
TUBING, CASING, AND CEMENTING RECORD																									
HOLE SIZE					CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT										
TEST DATA AND REQUEST FOR ALLOWABLE (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 (pilot, back pr.)					Tubing Pressure (shut-in)					Casing Pressure (shut-in)					Choke Size										
I. 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.																									
Maurin J. Webb (Signature) Petroleum Engineer (Title) April 21, 1977 (Date)																									
OIL CONSERVATION COMMISSION APR 27 1977 APPROVED _____ 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 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

1952 5 1977

ONE OF THE LARGEST COMM.  
WISCONSIN, WISCONSIN