Submit 5 Copies
Appropriate District Office
DISTRICT I 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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

<u>I.</u>	REQU	EST FO	OR AL	CRT (AB	BLE AND AUTHORI AND NATURAL GA	ZATION				
Operator Westbrook Ox	Westbrook Oil Corporation							API No. 30 - 025 - 11805			
Address								JU-U25-118U5			
Reason(s) for F ling (Check proper box) New Well Recompletion Change in Operator		Change in	 .	orter of:		Other (Please expl		1, 1993			
If change of operator give name and address of previous operator U. H	1. West	brook	- PO	Вох	22	64 - Hobbs, NM	88240				
II. DESCRIPTION OF WELL	AND LEA	SE									
Harrison Location	Well No. Pool Name, Includi 1 Jalmat Tan (Pro Gas)				Tan	ng Formation sill Yates 7-Ru	of Lease Federal or Fed	LC-03	2579 (f)		
Unit Letter	_ :1°	980			•	outh Line and 60	6 0 E	et From The	West	_	
Section 27 Township			Range		37	E , NMPM,	Lea	æt From The	Weste	Line County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	R OF O	L AN	D NA	TUI	RAL GAS					
		or Conden	sale			Address (Give address to wi	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing Sid Richardson Gasoline If well produces oil or liquids,	Company]	Address (Give address to which approved copy of this form is to be sent) 201 Main Street - Fort Worth TX 76102						
give location of lanks.	i i	1	Twp.	ì	≀ge.	Is gas actually connected?	When				
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or	pool, giv	ve comm	ingli	ing order number:	<u>-</u>				
Designate Type of Completion -		Oil Well	i	Gas Wei	1	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Date Comp	l. Ready to	Prod.			Total Depth	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations						Top Oil/Gas Pay	Tubing Dept	Tubing Depth			
							Depth Casing Shoe				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				ΔD	CEMENTING RECOR	D .				
NOLE SIZE						DEPTH SET		SACKS CEMENT			
								 			
V TECT DATA AND DECAME											
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW!	ABLE of load	oil and s	wiled	be equal to or exceed top alle					
Date First New Oil Run To Tank	Date of Tes	ŧ	- ,	ou unu r	74631	Producing Method (Flow, pr	owable for thi ump, gas lift, c	s depth or be f etc.)	or full 24 hou	rs.)	
Length of Test	Tubing Pressure					Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.	Gas- MCF	Gas- MCF			
GAS WELL	<u> </u>	-				L					
Actual Prod. Test - MCF/D	Length of 7	est				Bbis. Condensate/MMCF		Gravity of C	ondensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				··	Casing Pressure (Shut-in)	Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	VCF.							
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.					OIL CONSERVATION DIVISION Date Approved DEC 0 7 1993						
Signature V.H. Westbrook		Vice-	Pres	siden	- t	By ORIGINA	IL SIGNED	BY JERRY	SEXTON		
Printed Name 11/12/93 Date		505-3		714	- -	Title	istrict i s	UPERVISO	R		

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 of