Submit 5 Copie:
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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT II P.O. Drawer DID, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

I.	REQUEST	FOR ALLOWAE	BLE AND AUTHORIZA	TION		
Operator	MOPORT OIL	AND NATURAL GAS	Well API No.			
V. H. Westbrook			30-025-11805			
P. O. Box 2264	- Hobbs,	NM 88240	-			
Reason(s) for Filing (Check proper box) New Well	Channel		Other (Please explain)			
Recompletion	Oil [in Transporter of: Dry Gas	T//asti			
Casinghead Gas Condenses Office August 1, 1993						
If change of operator give name and address of previous operator Joe Melton Drlq. Co PO Box 4203 - Midland, TX 79704						
II. DESCRIPTION OF WELL AND LEASE						
Lease Name Harrison Federa	D. Pool Name, Includi	ng Formation	Kind o	of Lease Lease No.		
Location		Jalmat Ta	nsill Yates 7-Rurs	State,	Federal 26 Process Lease No. LC-032579 (1)	
Unit Letter	1980'	Feet From The S	outh 660.			
Section 27 Township 25S Range 37E						
Range 3/E, NMPM, Lea						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate						
Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin	or Dry Gas	<u></u>	Address (Give address to which any			
well produce all as limits			Address (Give address to which approved copy of this form is to be sens) 201 Main Street - Fort Worth TX 76102			
give location of tanks.	L 27	Twp. Ree. 25S 37E	Is gas actually connected?	When	?	
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give comming	ling order number:		unknown	
			\			
Designate: Type of Completion Date Spudded	- (X)	χ.ν	New Well Workover	Deepen	Plug Back Same Res'v Diff Res'v	
3/24/55	Date Compl. Ready 4/12/5	to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	3270' Top Oil/Gas Pay		3220'	
Perforations 7 Perforations 7 Perforations			2670'		Tubing Depth 2550'	
2838' to 29		/	/	Depth Casing Shoe		
	OLE SIZE CASING AND				3250'	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
8-3/4"	9-5/8"	32 # 2 3 #	325'		300 sks	
	2-3/8"	46#	3250' 2500'	-:	300 sks	
V. TEST CATA AND REQUEST FOR ALL OWARY E						
OIL WELL (Test must be after r	recovery of total volun	v ABLE. ve of load bil and must	be equal to or exceed ton allowe	bla fam al '		
Date First New Oil Run To Tank	Date of Test	, de la companya del companya de la companya del companya de la co	Producing Method (Flow, pump	equal to or exceed top allowable for this depth or be for full 24 hours.) Oducing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	<u> </u>	Casing Pressure			
Actual Prod. Luring Test			Casing Fressure		Choke Size	
Actual Flor. Enting Test	Oil - Bbls.		Water - Bbis.		Gas- MCF	
GAS WELL				$\overline{}$		
Actual Prod. Test - MCF/D	Length of Test	<u> </u>	Bbls. Condensate/MMCF			
Testing Methox (pitot, back pr.)			bots. Condensate MIMCF		Gravity of Condensate	
is conting resentati (puot, back pr.)	Tubing Pressure (St	nut-in)	Casing Pressure (Shut-in)	-· <u>-</u>	Choke Size	
VI. OPERATOR CERTIFIC	ATE OF COM	IDI TANCE		<u>.</u>		
I necessity that the rules and regulations of the Oil Constant			OIL CONS	OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved AUG 2 4 19934 1993			
_	•	Date Approved	100 2	4 19934 1993		
Signature V.H.W.SIBrow		D				
V. H. Westhrook Operator			ByORIG		GNED BY JERRY SEXTON	
Printed Name 8/20/93	3-9714	Title	DIS I R	CT I SUPERVISOR		
Date		elephone No.				
		•	11			

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
- 2) All : ections 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.