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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISS.
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

Operator Westates Petroleum Company		
Address 2360 - 1600 Broadway, Denver, Colorado 80202		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Dual Completion
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

Lease Name Carlson B-25	Well No. 6	Pool Name, including Formation Justis Blinebry	Kind of Lease State Federal State	Lease No. LC-032579a
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>SL</u> Line and <u>990</u> Feet From The <u>EL</u> Line of Section <u>25</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

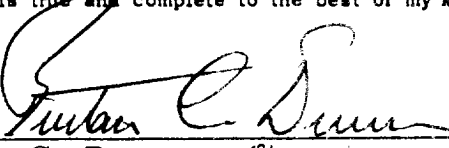
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							X
Date Spudded	Date Compl. Ready to Prod. 10-15-73		Total Depth 6953		P.B.T.D. 6950			
Elevations (DF, RKB, RT, GR, etc.) 3062 KB 3051 GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 4993		Tubing Depth 5406			
Perforations 5058, 5059, 5060, 5066, 5080, 5082, 5084, 5085, 5155, 5157, 5158, 5170, 5173, 5174, 5175, 5176, 5199, 5200, 5201, 5250, 5252, 5257, 5259, 5261, 5265, 5267, 5269, 5271					Depth Casing Shoe 6950			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-2/4"	9-5/8"		843		750			
8-3/4"	7"		6950		1190			
	2-3/8"		4978					
	2-3/8"		6778					

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 Oct. 15, 1973	Date of Test 11-10-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 210#	Choke Size --
Actual Prod. During Test 70	Oil-Bbls. 35	Water-Bbls. 35	Gas-MCF 10.5 MCF

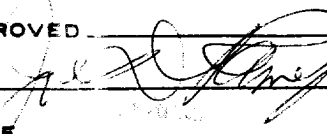
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


Burton C. Dunn (Signature)
Area Manager - Rocky Mtn. Mid Continent Area (Title)
February 26, 1974 (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 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 completed wells.