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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

CORRECTED PORT
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-110
Effective 1-1-65

Operator Westates Petroleum Company	
Address Box 55, Jal, New Mexico	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter or
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE					
Lease Name Carlson B 25	Lease No. L.C. 032579(e)	Well No. 6	Producing Formation Justis Fusselman	Kind of Lease State, Federal or Fee	Fed.
Location					
Unit Letter P	330'	Feet From The South	990'	Feet From The East Line	
Line of Section 25	Township 25S	Range 37E	Nearest Lea, New Mexico	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipe Line Company			P. O. Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company			P. O. Box 1384, Jal, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 25S	Range 37E	When gas actually connected? Yes 11-21-67

If this production is commingled with that from any other lease or pool, give commingling order number: R-1545-A

III. COMPLETION DATA					
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>
Date Spudded 10-19-67	Date Compl. Ready to Prod. 11-21-67	Depth 6953'	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.) 3062 K. B.	Name of Producing Formation Fusselman	Depth of Gas Pay 6904'	Tubing Depth 6911'		
Perforations 6815', 6817', 6821', 6823', 6827', 6831', 6833', 6845', 6847', 6849', 6856', 6858', 6864', 6867', 6869', 15 1/2" holes			Depth Casing Shoe 6950'		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
13 3/4"	9 5/8"	843'	750		
8 3/4"	7"	6950'	1190		
7"	2 3/8"	6911'			

IV. 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 11-21-67	Date of Test 11-21-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 175 lb.	Casing Pressure 0	Choke Size 24/64"
Actual Prod. During Test 360 bbl.	Oil-Bbls. 360 bbl.	Water-Bbls. None	Gas-MCF 20.0

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		TITLE _____	
This form is to be filed in compliance with RULE 1104.		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.		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.		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.		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.		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

W. J. Still

(Signature)

Production Superintendent

(Title)

December 11, 1967

(Date)