Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION										
Derator TO TRANSPORT OIL AND NATURAL GAS Well API No.										
V. H. Westbrook	1			30-025-31202						
P. O. Box 2264 -	- Hobbs, NM	88240								
Reason(s) for Filing (Check proper box) New Well			Other	r (Please explai	n)					
Recompletion		in Transporter of:		to to to unplude	•••					
Change in Operator	Oil L	Dry Gas	Eή	fective ,	August.	1. 1993				
If change of operator give name	Casinghead Gas				•	•				
and address of previous operator <u>I aho</u>	<u>je Energy, I</u>	nc 3909 W	. Indust	rial - M	idland,	TX 7970	3			
II. DESCRIPTION OF WELL AND LEASE Lease Name										
Comanchero	Well No	ng Formation Kind o			f Lease No.					
Location		Jalmat Tan	sill Yat	es 7-Rur	S SOUR	Predemikar Fee				
Unit LetterG	_:1640	Feet From The	North .	. 1087	า					
Section 15 Township	250			and1700	Fe	et From The	East Line			
Section 15 Township	p 25S	Range 37 E	, NM	IPM,	Lea		County			
III. DESIGNATION OF TRANSPORTED OF ON AND MARKET										
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 Casing	shood Co.									
<u>Sid Richardson Gasoline</u>	Richardson Gasoline Company					dress (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Well produces oil on limits			201 Main Street - Fort Is gas actually connected? When						
	Unit Sec. Twp. Rge G 15 25S 37E		1100		wwen	Vhen ? 5/28/91				
If this production is commingled with that IV. COMPLETION DATA	from any other lease (or pool, give comming	ing order numb	er:						
Designate Type of Completion	Oil W	,	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Resv			
Date Spudded	Date Compl. Ready	Y to Prod	Total Depth				ine kes v Dili kes v			
4/14/91	4/19/91		Total Depth	3050'		P.B.T.D.	3025'			
Elevations (DF, RKB, RT, GR, etc.) 31 00 GR	Name of Producing Formation		Top Oil/Gas Pay		Tubing Doub					
Perforations			2470'		Tubing Depth 2934'					
(24-Holes) 2470' to 2933'			and the second second			Depth Casing Shoe 3050'				
HOLE SIZE	HOLE SIZE CASING A TUBING OFF			CEMENTING RECORD						
12-1/4"	CASING &	CASING & TUBING 81ZE		DEPTH SET			CKS CEMENT			
7-7/8"	5-1/2"			351.51			sks			
	3-1/2		1	3049'		475 sks				
V TECHNATA AND DEGUE						 				
V. TEST DATA AND REQUES OIL WELL (Test must be often	ST FOR ALLOV	WABLE				.l				
Date First New Oil Run To Tank Date of Test			t be equal to or exceed top allowable for this depth or be for full 24 hours.)							
			Producing Method (Flow, pump, gas lift, e.			tc.)				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Prod. During Test Oil - Bblg.		Water - Bbls.							
Zii - DVIS.			Water - Bols.			Gas- MCF				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of Con	danasta			
Testing Method (pitot, back pr.)	70-1									
· ····································	ack pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COA	ADI TANCE								
l hereby certify that the rules and requi	OIL CONSERVATION DIVISION									
DIVISION DAVE DEED complied with and										
is true and complete to the best of my	Date Approved									
- V.A. Westle		. ,								
Signature	∥ ву_	ByORIGINAL SIGNED BY JERRY SEXTON								
V. H. Westby Printed Name				RICT I SUPER						
8/20/93	Title									
Date		- 393-9714 Telephone No.								

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