Submit 5 Cooles Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anenia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 L	REQUEST FOR ALLOWAR	TION DIVISION bx 2088 exico 87504-2088	et Botto		
V.H. Westbrook - Oil	Operator		Well API No. 30-025-25176		
Address					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator X	Box 2264, Hobbs, NM 83 Change in Transporter of: Oil Dry Gas Casinghead Gas Coodensate vest Energy Corp. 2401 F	B240 Coher (Piease explain) Effective Dece			
and address of previous operator <u>LOII</u>		ouncalli view bi, o			
IL DESCRIPTION OF WELL Lease Name Cities Service _ Jede	Well No. Pool Name, Includ			eire No. 0241	
Unit Letter P	: 990 Feet From The S	outh_Line and330	Free From TheEast	Line	
75	246 3	6E .NMPM	Lea	County	
Name of Anthonized Transporter of Oil Jeyaco Jrudency Name of Anthonized Transporter of Case	nghead Gas Cr Dry Gas	Address (Give address 10 which	approved copy of this form is to be a approved copy of this form is to be a		
I well produces oil or liquide,		lis gas actually connected?	When ?		
give location of tanks.	1 from any other lease or pool, give comming	ling only number			
IV. COMPLETION DATA Designate Type of Completion	Oil Well Ges Well		Deepen   Piug Back  Same Res V	Diff Res'v	
Date Spudded	Date Compt Ready to From				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	cing Formation Top Oil/Gas Pay Tubing De			
Perforations			Depth Casing Shoe		
	TUBING, CASING ANI	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT	
· · · · · · · · · · · · · · · · · · ·	£				
V. TEST DATA AND REQUI	EST FOR ALLOWABLE recovery of local volume of locad oil and mu		his for this depth or be for full 24 h	ours.)	
OIL WELL (Test must be after Duie First New Oil Run To Tank	Date of Test	Producing Method (Flow, pury	, gas lift, etc.)		
Length of Tex	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls	Gas- MCF		
			<u></u>		
GAS WELL Actual Prod. Test - MCF/D	Length of Tes.	Bbis Concensue/MMCF	Gravity of Condensate		
Toking Method (pilox, back pr.)	Tubing Fressur (Sour-m)	Casing Pressure (Sout-in)	Choke Size		
I hereby certify that the rules and re Division have been complied with a is true and complete to the best of m	nd that the information given above ny knowledge and belief.		SERVATION DIVIS	IPN	
Signature		By			
V.H. Westbrook Prinsed Name 12/13/91	Title (505) 393-9714	Title			
	(505) 595-9714 Telephone No.	• • • • • • • •			

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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.

— Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240			State of Ner rais and Natur NSERVA	ral Resource				Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II	U.		P.O. Bo			1		
P.O. Drawer DD, Artesia, NM 88210		Santa	F.U. DU		4-2088			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		ST FOR	ALLOWAB	LE AND A	UTHORIZ			
Coperator	10	TRANS	SPORT OIL	AND NAT	URAL GA	Well A	PI No.	
Convest Energy Corpora	tion					30-02	25-25176	
2401 Fountain View Dr.	, Suite	700, H	ouston, T	<u>77057</u>				
Reason(s) for Filing (Check proper box)       New Well       Recompletion       Change in Operator	C Oil Casinghead (	hange in Tra Dr Gas Co	•	U Othe	t (Piease expid	un)		
if change of operator give name and address of previous operator	•							
I. DESCRIPTION OF WELL A	ND LEAS	E.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
Lease Name Cities Service Federal	V	ell No. Po	ol Name, Includin Jalmat T-	ng Formation Y - SR			f Lease Tederal ) (XEEX	Lease No. NM-0241
Location Unit LetterP	:99(	) Fe	et From The <u>S</u>	outh Line	and <u>330</u>	Fe	t From The	EastLine
Section 35 Township	245	R	ange <u>36E</u>	, NM	APM,	Lea		County
III. DESIGNATION OF TRANS		OF OIL		Address /Giv	e adàress 10 w	hich approved	copy of this form	is to be sent)
Texaco Trading & Transporter of Casing Name of Authorized Transporter of Casing	portatio	on Inc.		P.O.Box	5568, I	Denver,	CO 80217 copy of this form	•
Sid Kichardson	Carlon	1 Bas	wp. Rge.	is gas actuali	y connected?	When		
give location of tanks.	P L	~~~	24 <u>5   36E</u>	Yes		12	/8/54	
If this production is commingled with that f IV. COMPLETION DATA						1	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen		
Date Spudded	Date Compi.	Ready to Pi	rod.	Total Depth			P.B.T.D.	
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations	<u>}                                    </u>			1			Depth Casing S	shoe
	π	JBING, C	ASING AND	CEMENTI	NG RECOI	RD		
HOLE SIZE	CAS	NG & TUB		DEPTH SET		SACKS CEMENT		
		•	<u> </u>					
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE			n	in doubh an ha far	full 24 hours )
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test		load oil and mus	Producing N	exceed top at iethod (Fiow, )	llowable for th ownp, gas lift,	etc.)	June 27 FARM 3.J
				Casing Press			Choke Size	
Length of Test	Tubing Pressure				Gas- MCF			
Actual Prod. During Test	Oil - Bbis.			Water - Bbh	<u> </u>		Gap MCI	
GAS WELL				D	A MILAN INT		Gravity of Co	adensate
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shua-in)		Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	that the information	Dil Conserva mation giver	Lion			•		DIVISION
Theresa Questint			Date Approved					
Signature	ngineer	ing Tec	hnician			Sector     Sec		
Printed Name <u>12/11/91</u> Date		780-195	Title	Title	9	<u> </u>		
	mic to be	P						

INSTRUCTIONS: This form is to be filed in comp

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 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 completed wells.

<u></u>								
Submit 5 Copies Appropriate District Office	State of Energy, Minerals and N	Form C-104 Revised 1-1-89						
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	LANAGY, MILINARUS RINI M	See Instructions at Bottom of Page						
DISTRICT II	OIL CONSERV	at notion of rage						
P.O. Drawer DD, Artesia, NM 88210		Box 2088 Mexico 87504-2088						
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410								
I. TO TRANSPORT OIL AND NATURAL GAS								
Coperator	TOTHANSPORTO		API No.					
Convest Energy Corpor	ation	30	-025-25176					
	Address 2401 Fountain View Dr., Suite 700, Houston, TX 77057							
Reason(s) for Filing (Check proper box)		Other (Please explain)						
New Well	Change in Transporter of: Oil Dry Gas							
Change in Operator	Casinghead Gas X Condensate							
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·							
II. DESCRIPTION OF WELL		·····						
Cities Service Feder	Well No.  Pool Name, inch 4 Jalmat T	ding Formation Kin -Y-SR	i of Lease Lease No. Lease No. NM-0241					
Location								
Unit LetterP	990Feet From The	South Line and 330	Feet From The <u>East</u> Line					
Section 35 Townshi	p 24S Range 36E	, NMPM, Lea	County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil	or Condensale	Address (Give address to which approv	ed copy of this form is to be sent)					
Name of Authorized Transporter of Casing	ghead Gas X or Dry Gas	Address (Give address to which approv	ed come of this form is to be sent)					
Sid Richardson Carbon & (	Gasoline Co.	201 Main St., Fort Wo						
If well produces oil or liquids, give location of tanks.	Unit Sec.  Twp.   Rg   P   35   24S   36E		2/8/54					
If this production is commingled with that			5/0/34					
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v					
Designate Type of Completion	- (X)							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
		· · · · · · · · · · · · · · · · · · ·						
	TUBING, CASING AN CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT					
HOLE SIZE	CASING & TOBING SIZE	DEFINISEI						
V. TEST DATA AND REQUES OIL WELL (Test must be after r		ist be equal to or exceed top allowable for t	his denth or he for full 24 hours )					
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF					
GAS WELL	"I							
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
reading method (pute, back pr.)	rubing riceane (catarin)	Constant Provence (Center III)						
VI. OPERATOR CERTIFICATE OF COMPLIANCE								
I hereby certify that the rules and regul Division have been complied with and		OIL CONSERVATION DIVISION						
is true and complete to the best of my l		Date Approved						
Therea Du	out und							
Signature Theresa Overturf	Engineening Technic	By Signed by, an Geologist						
Printed Name	Title	Geolog						
<u>10/31/91</u> Date	<u>(713)</u> 780-1952 Telephone No.							
	toopendes I'vo.	11						

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