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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAY 16 '89

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL	Well API No.
Address PO BOX 4, LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
7/16/89
EXCEPTION TO:
RULE 305 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name KERSEY STATE	Well No. 1	Pool Name, Including Formation GBR-JACKSON SR-QW-GB-SA	Kind of Lease State, Federal	Lease No. B-3105
Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 16 Township 17S Range 31E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX DRAWER 159 ARTESIA NM 88210				
Name of Authorized Transporter of Casinghead Gas CONOCO	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 1267 PONCA CITY OK 74003				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 16	Twp. 17S	Rge. 31E	Is gas actually connected? NO	When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well	Workover	Deepen XX	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 03-04-89	Date Compl. Ready to Prod. 05-04-89		Total Depth 3780		P.B.T.D. 3749			
Elevations (DF, RKB, RT, GR, etc.) 3835 GR	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 3453		Tubing Depth 3710			
Perforations 3645-3749 36 .40 cal 3453-3590 46 .40 cal				Depth Casing Shoe 3780				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10	8 1/4	635	50 Part ID-2
8 1/4	7"	3138	100 5-19-89
6 1/4	4 1/2	3780	300 comp-Decepu
	2 3/8	3710	

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 Tank 05-06-89	Date of Test 05/12/89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure -0-	Casing Pressure 15#	Choke Size 1"
Actual Prod. During Test 130	Oil - Bbls. 130	Water - Bbls. -0-	Gas - MCF 110

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
LINDA J. JAEGER
Printed Name
05-15-89
Date
Title
(505) 677-2370
Telephone No.

OIL CONSERVATION DIVISION

MAY 16 1989

Date Approved
By
Original Signed By
Mike Williams
Title

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.