

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
O. C. SANTA FE, NEW MEXICO 87501
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ray Westall
Address P.O. Box 4 Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box)
☒ New Well ☐ Recompletion ☐ Change in Ownership
Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-6-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Parsley Fed.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>N. Hackberry - y - SR</u>	Kind of Lease State, Federal or Fee <u>Fed. NM-28328</u>	Lease No. <u>28</u>
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Marathon Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>TSTM</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>20</u>
	Twp. <u>19S</u>	Rge. <u>31E</u>
	Is gas actually connected? <u>No</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ray Westall
(Signature)

Operator

(Title)

5-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 6 1985, 19

BY Original Signed By

Les A. Clements

TITLE Supervisor District II

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 3-29-85	Date Compl. Ready to Prod. 4-17-85		Total Depth 2425'		P.B.T.D. 2349'				
Elevations (DF, RKB, RT, GR, etc.) 3460. GR	Name of Producing Formation Yates		Top Oil/Gas Pay 2164'		Tubing Depth 2290'				
Perforations 2164-2285 27 holes						Depth Casing Shoe 2425'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2"	8 5/8"		351'		230 sxs-circulated				
7 7/8"	5 1/2"		2425'		300 sxs-circulated				
	2 3/8"		2290'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 4-17-85	Date of Test 4-28-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 10#	Casing Pressure 0	Choke Size 7/8"
Actual Prod. During Test 35 bbls	Oil - Bbls. 25	Water - Bbls. 10	Gas - MCF TSTM

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