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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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. 30-015-27117
Address P.O. BOX 4 LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name SANTA FE FEDERAL	Well No. 6	Pool Name, Including Formation E. HERRERADURA BEND	Kind of Lease State, Federal or Bore x	Lease No. NM 67980
Location Unit Letter O : 820 Feet From The SOUTH Line and 1650 Feet From The EAST Line Section 35 Township 22S Range 28E, NMPM, EDDY 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"/> CONOCO INC	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1267 PONCA CITY, OK 74603					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONTINENTAL NATURAL GAS, INC	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 21470 TULSA, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Tw. 22	Rge. 28	Is gas actually connected? YES	When? 11/18/92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 09/16/92	Date Compl. Ready to Prod. 11/12/92		Total Depth 6410'		P.B.T.D. 6402'			
Elevations (DF, RKB, RT, GR, etc.) 3088 GL	Name of Producing Formation SAND/SHALE/LIME		Top Oil/Gas Pay 5957'		Tubing Depth 5925'			
Perforations 5957'-6006' 2 HOLES PER FOOT					Depth Casing Shoe 6425'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		453'		300			
7 7/8"	5 1/2" 15.5#		6410'		1795			
	2 7/8"		5925'					

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 11/15/92	Date of Test 11/30/92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24	Tubing Pressure 30	Casing Pressure .0	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 250	Gas - MCF 150

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
JUANEL HARDEN
Printed Name
12/22/92
Date
677-2370
Title
PRODUCTION ANALYST
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 30 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.