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Appropriate District Office
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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

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

C/S/F
WT
GT
lp

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator RAY WESTALL	Well API No. 30-015-
Address P.O. BOX 4 LOCO HILLS, NM 88255	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) 11/16/92	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <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. 8	Pool Name, Including Formation E. HERRERADURA BEND DEL	Kind of Lease State Federal or Fee	Lease No. NM-67980
Location Unit Letter A : 760 Feet From The NORTH Line and 460 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 74121	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35
	Twp. 22	Rge. 28
	Is gas actually connected? YES	When? 11/16/92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/21/92	Date Compl. Ready to Prod. 11/10/92		Total Depth 6350'		P.B.T.D. 6230'			
Elevations (DF, RKB, RT, GR, etc.) 3122'	Name of Producing Formation SAND/SHALE/LIME		Top Oil/Gas Pay 5996'		Tubing Depth 6070			
Perforations 29 HOLES 5996-6060 20 HOLES 6170'-6250'					Depth Casing Shoe 6250			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		450'		300 SX Post JD-2			
8 5/8"	7 7/8"				2870 SX 1-8-93			
					comp. & BLS			

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 11/12/92	Date of Test 11/16.92	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS	Tubing Pressure 175#	Casing Pressure 250	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 135	Gas- MCF 200

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

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.