

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Date C-104  
 Supersedes Old C-104 and  
 OUVS 1-1-65

RECEIVED BY  
 SEP 28 1983  
 DISTRICT OFFICE

Operator  
 Ray Westall

Address  
 P.O. Box 4 Loco Hills, NM 88255

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Change of Operator from Ray & Garel R. Westall to Ray Westall	
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Joannie Shell	Well No. 1	Pool Name, including Formation EK Yates-SR-0	Kind of Lease State, Federal or Fee State	Lease No. K-4735
Location				
Unit Letter D	330	Feet From The North	Line and 330	Feet From The West
Line of Section 16	Township 18S	Range 34E	County Lea	Co. No.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co. GPM Gas Corporation	P.O. Drawer 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	EFFECTIVE: February 1, 1982
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgo. to gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Prev. D.H. He
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DE, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (chok, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-bbls.	Water-bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

*Ray Westall*  
 (Signature)  
 \_\_\_\_\_  
 (Title)  
 9-22-83  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1983, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 TITLE DISTRICT SUPERVISOR

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 existing tests taken on the well in accordance with RULE 110.  
 All portions of this form must be filled out completely for all wells to have existing completed wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.