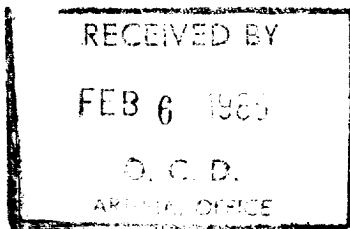


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



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

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

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U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ray Westall

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Dexter</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Grayburg Jackson SR-Q-G-SA</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>LC29020C</u>
Location				
Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>17S</u> Range <u>30E</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>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Oklahoma 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>22</u>	Sec. <u>17</u>
	Twp. <u>30</u>	Rge. <u>Yes</u>
		When <u>Unknown</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)  
2-5-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 11 1985, 19  
BY Original Signed By  
Leslie 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	Workover	Deepen	Plug Back (X)	Same Res'v.	Diff. Res' (X)
Date Spudded Re-entered 9-28-84	Date Compl. Ready to Prod. 12-1-84		Total Depth 6997'			P.B.T.D. 3100'			
Elevations (DF, RKB, RT, GR, etc.) 3688 RB	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2742'			Tubing Depth 3040'			
Perforations 3438-3796 water, 3170-80 3192-3200, Set bridge plug @ 3100' 2742-88 2800-94 2938-68							Depth Casing Shoe		

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	1415'	250 sxs
7 7/8"	4 1/2"	6994'	900 sxs
	2 3/8"	3040'	

#### 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 12-1-84	Date of Test 12-9-84	Producing Method (Flow, pump, gas lift, etc.) Pxmp	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 30#	Choke Size
Actual Prod. During Test 30 bbls	Oil - Bbls. 10 bbls	Water - Bbls. 20 bbls	Gas - MCF 40

4000/1 COR

#### 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