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AUG 31 '88

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501O. C. D.  
ARTESIA, OFFICEForm C-104  
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Page 1

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SANTA FE	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

RAY WESTALL

Address

P.O. Box 4, Loco Hills NM 88253

Reason(s) for filing (Check proper box)

- ☐ New Well  
☒ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE

PLACED AFTER 11/2/88

AN EXCEPTION FROM  
THE U. L. M. IS OBTAINEDIf change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson	Well No. 5	Pool Name, including Formation Gbr. Jackson Q-GB-SA	Kind of Lease State, Federal or Fee FED LC-	Lease No. 054908
Location				
Unit Letter <u>E</u> : <u>2480</u> Feet From The <u>NORTH</u> Line and <u>1160</u> Feet From The <u>WEST</u>				
Line of Section <u>17</u> Township <u>17S</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"/>	Address (Give address to which approved copy of this form is to be sent)			
TEXAS-NEW PIPELINE COMPANY	P.O. Box 2528, Hobbs, NM 88240			
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)			
NONE				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		

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.

  
 (Signature)  
 GEOLOGIST  
 (Title)  
 8/31/88  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 31 1988, 19

BY Original Signed By  
Mike Williams  
TITLE

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 deviated  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-  
er, well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multiple  
completed wells.

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

# COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
					X		X	X	
Date Spudded 7-26-67	Date Compl. Ready to Prod. 8-26-88	Total Depth 3510				P.B.T.D. 3287			
Levations (DF, RKB, RT, GR, etc.) 3715 GR	Name of Producing Formation SAN ANTONIO	Top Oil/Gas Pay 3168				Tubing Depth 3250			
Perforations 3168-3287 17 Select free .40 cal shots						Depth Casing Shoe 3510			

## 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 9-30-88	Date of Test 8-31-88	Producing Method (Flow, pump, gas lift, etc.) Pump & Flow	
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 150	Choke Size
Actual Prod. During Test 210	Oil - Bbls. 110	Water - Bbls. 100	Gas - MCF 75

## AS 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