

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	UAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		
Operator		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WESTALL & EAST ✓

Address

BOX 234 1000 HILLS, N. LEX. 88255

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)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name STATE "B"	Well No. 4	Pool Name, Including Formation SHUGART Y-2K-2-2	Kind of Lease State, Federal or Fee STATE	Lease 3601
Location				
Unit Letter E	: 2310	Feet From The N	Line and 330	Feet From The W
Line of Section 2	Township 19	Range 31	COUNTY EDDY	COM C

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING CO.	DR. 150 ARTESIA, N. MEX. 88210
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)
PHILLIPS PET. CO.	BARTLESVILLE, OKLA. 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	
C 2 19 31	YES 8-5-83

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Shut-In <input type="checkbox"/>	Diff. B <input type="checkbox"/>	
Date Spudded 7-5-83	Date Compl. Ready to Prod. 8-5-83	Total Depth 4200	Chart No. 4200	Elevation (DF, RKB, RT, GR, etc.) 3614.3 4200 GR	Name of Productive Formation GRAYBURG	Top Oil/Gas Pay 3800-3896-3804	Tubing Depth 3875	Perforations 17 holes-3804-06-08-34-36-38-40-42-69-71-73-75-77-79-92-94-96	
THREADS, CASING, AND CEMENTING RECORD							Depth Casing Shoe 4200		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SUCKS CEMENT						
11 1/4	8 5/8	650	400						
7 7/8	4 1/2	4200	970						
	3 7/8		3875						

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of final volume of load oil and must be equal to or exceed top allowable for 24 hours or be for full 96 hours)

Date First New Oil Flow To Tanks 8-15-83	Date of Test 8-15-83	Production Method (pilot, pump, shut-in, etc.) pumping	Chart Size none
Length of Test 24 hrs.	Tubing Pressure 157	Casing Pressure 157	Flow-MCF 50,000
Actual Prod. During Test 50 bbls. oil	Oil-Bbls. 50 bbls.	Water-Bbls. 10 bbls.	

POST #R-2
9-2-83
Camp BK
(X)

GAS WELL

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

1. 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.

Garell R. Westall
(Signature)
CO-OWNER

(Date)
8-23-83
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 31 1983
Original Signed By
Leslie A. Clements
Supervisor District II

This form is to be filed in compliance with N.M.P. 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with N.M.P. 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-completed wells.