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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Approval to flare casinghead gas from  
this well must be obtained from the  
BUREAU OF LAND MANAGEMENT (BLM)

I.

Operator <u>Ray Westall</u>	Well API No. <u>30-025-24676</u>
Address <u>Box 4 Loco Hills NM 88255</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>FEDERAL 19</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>N. bell Lake</u> <u>DELAWARE</u>	Kind of Lease <u>State, Federal</u>	Lease No. <u>NM 68820</u>
Location				
Unit Letter <u>A</u>	: <u>660</u>	Feet From The <u>NORTH</u>	Line and <u>660</u>	Feet From The <u>EAST</u> Line
Section <u>19</u>	Township <u>23 South</u>	Range <u>34 EAST</u>	NMPM, <u>LEA</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>CONOCO INC Surface Transport</u>	Address (Give address to which approved copy of this form is to be sent) <u>10 DESTA Dr. MIDLAND TX 79705</u>	
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)	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>19</u>
	Twp. <u>23 S</u>	Rge. <u>34 E</u>
	Is gas actually connected? <u>No</u> When ?	

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 <u>RE-ENTERED</u> <u>6-29-92</u>	Date Compl. Ready to Prod. <u>7/30/92</u>	Total Depth <u>8545</u>	P.B.T.D. <u>7000</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>DELAWARE</u>	Top Oil/Gas Pay <u>6856</u>	Tubing Depth <u>6900</u>					
Perforations <u>6856-6883</u>			Depth Casing Shoe <u>8545 8564</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>see original Drilling &amp; Completion Report</u>								

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 <u>9/2/92</u>	Date of Test <u>9/9/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>40</u>	Casing Pressure <u>10</u>	Choke Size <u>—</u>
Actual Prod. During Test	Oil - Bbls. <u>38</u>	Water - Bbls. <u>274</u>	Gas - MCF <u>TSTM</u>

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 Ronald Harris  
Printed Name Ronald Harris  
Date 9/18/92  
Telephone No. 677-2370

OIL CONSERVATION DIVISION

Date Approved SEP 21 1992  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

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.

[illegible]

RECEIVED

SEP 21 1992

**CCD HOBBS OFFICE**