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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 27 1982
O. C. D.
ARTESIA, OFFICE

Ray Westall

Address
P.O. Box 4 Loco Hills, N.M. 88255

Reason(s) for filing (Check proper box)

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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-1-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

EX # 2-630 until 10-1-82 ✓
EX # 2-638 until 12-1-82
EX # 2-646 until 2-1-83

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Boling State	Well No. 1	Pool Name, Including Formation North Sq. Lake G-SA	Kind of Lease State, Federal or Fee State	Lease No. LH-172
Location Unit Letter <u>AK</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>16S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>AK</u> <u>11</u> <u>16S</u> <u>31E</u> <u>No</u>

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-15-82	Date Compl. Ready to Prod. 7-1-82	Total Depth 4530'	P.B.T.D. 4469'					
Elevations (DF, RKB, RT, GR, etc.) 4415.GR	Name of Producing Formation Premier	Top Oil/Gas Pay 4973' 4/16	Tubing Depth 4050'					
Perforations 4006 to 4026 (Perforated w/9 holes)						Depth Casing Shoe 4530'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1292'	600 sx Pacesetter "C"
			200 sx "C" 2% CaCl Circ
7 7/8	4 1/2	4530'	500sx Pacesetter "C" 5#
	2 3/8	4050'	Salt 2% gel. 250 sx 50/50 Pox

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 Tanks 6-10-82	Date of Test 7-1-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure None	Casing Pressure None	Choke Size Open
Actual Prod. During Test 21	Oil - Bbls. 21	Water - Bbls. 0	Gas - MCF 20

GAS WELL

Actual Prod. Test - MCF/D 7-23-82	Length of Test 24 hrs.	Bbls. Condensate/MCF 20	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Ray Westall
(Signature)

Operator

7-26-82
(Date)

OIL CONSERVATION DIVISION

JUL 29 1982

APPROVED _____, 19 _____

BY Mark Walker
OIL AND GAS INSPECTOR

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 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 filled for each pool in multiple completed wells.