

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PERORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUN-21 1983

O. C. D.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

Operator  
Ray Westall ✓

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	AMENDED	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 9/11/83  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name Mobil State	Well No. 1	Pool Name, including Formation Und. N. Sq. Lake G-SA	Kind of Lease State, Federal or Fee State	Lease No. E-6418
Location Unit Letter G ; 2210 Feet From The North Line and 2310 Feet From The East Line of Section 11 Township 16S Range 31E, NMPM, Eddy 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 Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11	Twp. 16S	Rge. 31E	Is gas actually connected? No	When As soon as Phillips gets right of way

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 3-15-83	Date Compl. Ready to Prod. 6-3-83	Total Depth 4070'	P.B.T.D. 4049'					
Elevations (DF, RKB, RT, GR, etc.) 4415. GR	Name of Producing Formation Premier	Top Oil/Gas Pay 3982'	Tubing Depth 4060'					
Perforations 3982-4850 (44holes) Reperf top section 3090-4008 (36 holes)			Depth Casing Shoe 4070'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1278'		SACKS CEMENT 600 sx Pacesetter Lit			
7 7/8"	5 1/2"		4070'		200 sx class C, 2% KCL			
	2 3/8"		4060'		500 sx Pacesetter C & 8			
					500 sx 50/50 Poz C mi			

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 6-3-83	Date of Test 6-2-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20	Choke Size 35
Actual Prod. During Test 9	Oil - Bbls. 9	Water - Bbls. 6	Gas - MCF 35

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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  
(Title)  
6-20-83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 8 1983  
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.