

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 20 1981

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |   |
|------------------------|---|
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| PROMOTION OFFICE       |   |
| Operator               |   |

Ray Westall /

P. O. Box 4 Loco Hills, NM 88255

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner Fair Oil, Ltd. P.O. Box 689 Tyler, Texas 75710

DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                             |                   |
|-----------------|----------|--------------------------------|-----------------------------|-------------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease               | Lease No.         |
| State "A"       | 5        | Loco Hills Q-G-SA              | State, Federal or Fee State | B-2023            |
| Location        |          |                                |                             |                   |
| Unit Letter     | H        | 2130 Feet From The             | N Line and                  | 330 Feet From The |
| Line of Section | 36       | Township                       | 17S                         | Range             |
|                 |          |                                | 29E                         | 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"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Navajo Crude Oil Purchasing Company  | P.O. Drawer 159 Artesia, NM 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) |      |      |      |                            |      |
| None   |  |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  | I  | 36   | 17   | 29   |                            |      |

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                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |           |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |             |           |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |             |           |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 all able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

Posted ID-3  
Chry. Oper.  
10-30-81

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 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  
(Title)

10/16/81  
(Date)

OIL CONSERVATION DIVISION

OCT 27 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressett  
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 deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditio  
Separate Forms C-104 must be filed for each pool in multil recompleted wells.