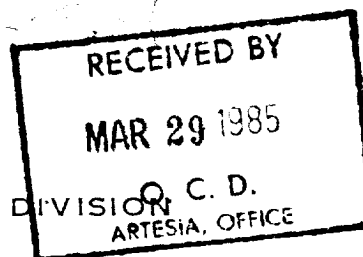


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PROBATION OFFICE | <input type="checkbox"/> |

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



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Ray Westall

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|-----------------------------|
| Lease Name <u>Dexter</u> | Well No. <u>3</u> | Pool Name, including Formation <u>SR-U-G-94 Grayburg Jackson</u> | Kind of Lease State, Federal or Fee <u>FED.</u> | Lease No. <u>LC-0290</u> |
| Location | | | | |
| Unit Letter <u>E I</u> <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>22</u> Township <u>17S</u> Range <u>30E</u> NMPM, <u>Eddy</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"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Permian Corp.</u> <u>Permian (112/170)</u> | <u>P.O. Box 1183 Houston, TX 77001</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) |
| <u>Phillips Pet. Co.</u> | <u>Bartlesville OK 74004</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>J</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>30E</u> | <u>Yes</u> <u>unknown</u> <input checked="" type="checkbox"/> |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Michelle Taylor
(Signature)
Clerk
(Title)
03-28-85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 29 1985, 19

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

| | | | | | | | | | |
|---|-----------------------------|-----------------|-----------------|----------|-----------------|-------------------|-----------|-------------|---------------------|
| Designate Type of Completion - (X) | | Oil Well (X) | Gas Well | New Well | Workover (X) | Deepen | Plug Back | Same Res'v. | Diff. Res'v. (X) |
| 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 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 3-15-85 | Date of Test 3-20-85 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 | Tubing Pressure | Casing Pressure 30 | Choke Size |
| Actual Prod. During Test | Oil-Bbls. 24 | Water-Bbls. 50 | Gas-MCF 20 |

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 |